

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## PLACE OF DEATH

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City \_\_\_\_\_

Registration District No. 791File No. 11466Primary Registration District No. 1003Registered No. 2639
 (NO. 1905 North Ninth St., 3 Ward)

 (If death occurred in a  
 hospital or institution,  
 give its NAME instead  
 of street and number)
FULL NAME Crazonia Manning Gill

## PERSONAL AND STATISTICAL PARTICULARS

 SEX Male COLOR OR RACE White SINGLE MARRIED Single  
 WIDOWED OR DIVORCED  
 (Write the word)
DATE OF BIRTH Sept 1, 1911

(Month) (Day) (Year)

AGE 6 yrs. 17 mos. 17 ds.IF LESS than  
1 day, \_\_\_ hrs.  
or \_\_\_ min.?

## OCCUPATION

(a) Trade, profession, or particular kind of work none(b) General nature of industry, business, or establishment in which employed (or employer) Own

## BIRTHPLACE

(City or town, State or foreign country) St. Louis

PARENTS

NAME OF FATHER Wm GillBIRTHPLACE OF FATHER (City or town, State or foreign country) St. Louis MoMAIDEN NAME OF MOTHER Bernia SchultzBIRTHPLACE OF MOTHER (City or town, State or foreign country) Illinois

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wilbur Gill(ADDRESS) 1905 N. 9thFiled MAR 17 19121912Mar C Starkloff

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17, 1912

(Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from March 12, 1912, to March 17, 1912, that I last saw her alive on Mar 16, 1912, and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH\* was as follows:

Intestinal obstruction  
1228 158 (Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Signed) G. C. ClarkMar 17, 1912 (Address) 1809 No 9th St

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL St. Louis MoDATE OF BURIAL March 17, 1912UNDERTAKER Wm C StarkloffADDRESS 1809 No 9th St

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Harm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County \_\_\_\_\_  
 Township \_\_\_\_\_ Registration District No. 791 File No. 11466  
 or \_\_\_\_\_  
 Village \_\_\_\_\_ Primary Registration District No. 1003 Registered No. 2639  
 or \_\_\_\_\_  
 City St Louis (NO. North Ninth St.: \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Arayonia Maurine Gill

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S  
 DATE OF BIRTH Sept 1, 1911  
 (Month) (Day) (Year)  
 AGE 6 yrs. 6 mos. 17 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) St Louis

PARENTS  
 NAME OF FATHER W. Moore  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Dr Soto mo  
 MAIDEN NAME OF MOTHER Virginia Schultz  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) William Gill  
 (ADDRESS) 1905 N. 9th St.

FILE 5-11 1912 9th REGISTRAR Dep

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 17, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 12, 1912, to Mar 17, 1912, that I last saw her alive on Mar 16, 1912, and that death occurred, on the date stated above, at 1:30 a m.

The CAUSE OF DEATH\* was as follows:  
Obstruction of intestines

Contributory (Duration) yrs. mos. ds. Artificial feeding

(Signed) X C. C. Cook (Address) X 1819 N. 9th  
Mar 17, 1912

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_  
 Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Dr Soto mo DATE OF BURIAL Mar 17, 1912

UNDERTAKER Louis Spellbink ADDRESS 1321 Franklin

WRITE PLAINLY, WITH UNFADING INK FOR BINDING

RECORD PHYSICIANS should state EXACTLY OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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*Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)