MISSOURI STATE BOARD OF HEALTH AGE OF DEATH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. 66 Village Primary Registration District No. Registered No. or III death occurred in a City hospital or institution. give its NAME instead of street and number FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE 8EX COLOR OR RACE DATE OF DEATH WIDOWED OR DIVORCED (Month) (Day) (Year) Write the word) DATE OF BIRTH VHEREBY CERTIFY, that I attended deceased from (Day) (Year) AGE If LESS than I dayhrs. and that death occurred, on the date stated above, at or___min.? The CAUSE OF DEATH* was as follows: OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, // business, or establishment in which employed (or employer) BIRTHPLACE (City or town." State or fereign country) NAME OF (SECONBARY) FATHER BIRTHPLACE PARENTS OF FATHER (City or town, State or fores MAIDEN NAME *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR BIRTHPLACE RECENT RESIDENTS) . OF MOTHER (City or town, State or foreign country At place In the of death_ ...УГВ.__ _ds. State___ Where was disease contracted If not at place of death? .. Former or usual residence. PATÉ OF BURIAL (ADDRESS). Filed REGISTRAR

Revised United States Standard Certificate of Death

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

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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 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 HOMI-CIDAL, 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.)

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