

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County _____

Township _____

or

Village _____

or

City St. Louis, Mo. (NO. _____)Registration District No. 7911003File No. 27501Registered No. 6739

Primary Registration District No. _____

Ward 24

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

FULL NAME Henry Parrish

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>Colored</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Mar. 23</u> , 18 <u>78</u> (Month) (Day) (Year)		
AGE <u>34</u> yrs. <u>4</u> mos. <u>7</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Laborer(b) General nature of industry, business, or establishment in which employed (or employer) Unknown

BIRTHPLACE

(City or town, State or foreign country) St. Louis, Mo.PARENTS NAME OF FATHER William ParrishBIRTHPLACE OF FATHER (City or town, State or foreign country) IowaMAIDEN NAME OF MOTHER UnknownBIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wm. Jones(ADDRESS) SanitariumFiled AUG -1 19121912 Mar 6, Starkloff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 29, 1912
(Month) (Day) (Year)I HEREBY CERTIFY that I attended deceased from February 11, 1911, to July 29, 1912, that I last saw him alive on July 6, 1912, and that death occurred, on the date stated above, at 7:00 p.m.The CAUSE OF DEATH* was as follows:
83Paralytic
(Duration) 1 yrs. 5 mos. 19 ds.

Contributory (SECONDARY)

(Signed) Wm. Jones M. D.
July 29, 1912 (Address) Sanitarium

*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 1 yrs. 5 mos. 19 ds. In the State 1 yrs. 5 mos. 19 ds.

Where was disease contracted if not at place of death?

Former or usual residence 213 S. Main St.

PLACE OF BURIAL OR REMOVAL

Anatomical Board July 31, 1912

UNDERTAKER

M. H. Alexander 2835 Olive

ADDRESS

United States Standard Certificate of Death

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

of occupation.—Precise statement of occu-
ery important, so that the relative health-
rious pursuits can be known. The ques-
o each and every person, irrespective of
ny occupations a single word or term on
will be sufficient, e. g., *Farmer* or *Planter*,
Impositor, *Architect*, *Locomotive engineer*,
r, *Stationary fireman*, etc. But in many
lly in industrial employments, it is neces-
(a) the kind of work and also (b) the
e business or industry, and therefore an
e is provided for the latter statement; it
ed only when needed. As examples: (a)
Cotton mill; (a) *Salesman*, (b) *Grocery*;
n, (b) *Automobile factory*. The material
may form part of the second statement.
rn "Laborer," "Foreman," "Manager,"
c., without more precise specification, as
Farm laborer, *Laborer—Coal mine*, etc.
ome, who are engaged in the duties of the
nly (not paid *Housekeepers* who receive a
ry), may be entered as *Housewife*, *House-*
home, and children, not gainfully employed,
l or *At home*. Care should be taken to re-
tally the occupations of persons engaged in
rvice for wages, as *Servant*, *Cook*, *House-*
If the occupation has been changed or given
unt of the DISEASE CAUSING DEATH, state oc-
beginning of illness. If retired from busi-
fact may be indicated thus: *Farmer (re-*
s.). For persons who have no occupation
write *None*.

nt of cause of death.—Name, first, the
USING DEATH (the primary affection with re-
ime and causation), using always the same
accepted term for the same disease. Examples: *Cere-*
brospinal 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, peritonaeum, 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* (dis-
ease causing death), 29 ds.; *Bronchopneumonia* (sec-
ondary), 10 ds. Never report mere symptoms or ter-
minal conditions, such as "Asthenia," "Anæmia"
(merely symptomatic), "Atrophy," "Collapse," "Coma,"
"Convulsions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage,"
"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 under-
taken. 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 na-
ture of the injury, as fracture of skull, and conse-
quences (e. g., *sepsis*, *tetanus*) may be stated under the
head of "Contributory." (Recommendations on state-
ment of cause of death approved by Committee on
Nomenclature of the American Medical Association.)

