

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

 PLACE OF DEATH
St. Louis
 County _____
 Township Carondelet
 or _____
 Village Koch
 or _____
 City _____ (NO. Robert Koch Hospital St. _____ Ward)

 Registration District No. 1123 File No. 34069
 Primary Registration District No. 6248B Registered No. 420

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

 FULL NAME Joseph Gillespie

PERSONAL AND STATISTICAL PARTICULARS

SEX Male	COLOR OR RACE White	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
DATE OF BIRTH <u>October 3rd, 1873</u> (Month) (Day) (Year)		
AGE <u>39</u> yrs. <u>0</u> mos. <u>9</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) <u>3-67</u>		
BIRTHPLACE (City or town, State or foreign country) St. Louis, Mo.		
PARENTS	NAME OF FATHER James Gillespie	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) Scotland	
	MAIDEN NAME OF MOTHER Bridget Hogan	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) Hospital Record A. G. Moore
 (ADDRESS) Robert Koch Hospital.

 Filed OCT 12 1912 1912 L. R. Obrock
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH
Oct. 12th, 1912
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from
June 8th, 1912, to Oct. 12th, 1912,
 that I last saw him alive on Oct. 12th, 1912,
 and that death occurred, on the date stated above, at 6:42 A.M.

 The CAUSE OF DEATH* was as follows:
Tuberculosis of Lungs
23A
 (Duration) ___ yrs. 10 mos. ___ ds.

 Contributory (SECONDARY)
 (Duration) ___ yrs. ___ mos. ___ ds.

 (Signed) M. J. Dwyer M. D.
Oct. 12 1912 (Address) Koch, Mo.

*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. 4 mos. 4 ds. In the Life mos. ___ ds.

 Where was disease contracted St. Louis
 If not at place of death?

 Former or usual residence 2641 Arsenal St

 PLACE OF BURIAL OR REMOVAL
Anatomical Board DATE OF BURIAL
Oct. 19 1912

 UNDERTAKER
City St. Louis ADDRESS

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*, *Compositor*, *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*, *Farm 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*, *Sarcoma*, 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), 40 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," "Ananition," "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 septicæmia," "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.)