WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH

County: Shapman

Township: Parker
or
Village:
or
City: (NO. St.: Ward)

Registration District No. 1069 — File No. 35000

Primary Registration District No. 6081 — Registered No. 3

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

FULL NAME Lula Marcella Sward

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Female	White	Single

DATE OF BIRTH: June (Month) 21 (Day), 1911 (Year)

AGE: 1 yrs. 4 mos. 6 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): at home

BIRTHPLACE (City or town, State or foreign country): Mo.

PARENTS
NAME OF FATHER: McVincent Sward
BIRTHPLACE OF FATHER (City or town, State or foreign country): Mo.
MAIDEN NAME OF MOTHER: Ida May Rose
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) McVincent Rose

(ADDRESS) Ink Mo.

Filed Oct. 28, 1912. J. A. Stevens — REGISTRAR

3 **MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: Oct (Month) 26 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 20, 1912, to Oct 26, 1912, that I last saw her alive on Oct 22, 1912, and that death occurred, on the date stated above, at 2:30 P.m.

The CAUSE OF DEATH* was as follows:

Malaria & Enteritis

1178

130 (Duration) yrs. 1 mos. 6 ds.

Contributory (SECONDARY) Renal dropsy

(Duration) yrs. mos. 25 ds.

(Signed) A. R. McNeill M. D.

Oct 29, 1912. (Address) Angeline.

*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	DATE OF BURIAL
Delaware Cem.	October 28 1912
UNDERTAKER	ADDRESS
X	X

Revised United States Standard Certificate of Death

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

Statement of occupation.—Precise statement of oc-
upation is very important, so that the relative health-
ss of various pursuits can be known. The ques-
applies to each and every person, irrespective of
For many occupations a single word or term on
first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many c. es, 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
line is provided for the latter statement; it
used only when needed. As examples: (*a*)
) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;*
an, (*b*) *Automobile factory.* The material
may form part of the second statement.
urn "Laborer," "Foreman," "Manager,"
tc., without more precise specification, as
r, Farm laborer, Laborer—Coal mine, etc.
home, who are engaged in the duties of the
only (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-
cally 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.*

t of cause of death.—Name, first, the
USING DEATH (the primary affection with re-
me and causation), using always the same
rm for the same disease. Examples: *Cere-*
ever (the only definite synonym is "Epidemic
al meningitis"); *Diphtheria* (avoid use of
Typhoid fever (never report "Typhoid
"); *Lobar pneumonia; Bronchopneumonia*
ia," unqualified, is indefinite); *Tuberculosis*
neninges, peritonaeum, 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), *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 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.)

HUGH STEPHENS, JEFFERSON CITY,