PLACE OF DEATH	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS
County Mescaude	CERTIFICATE OF DEATH
Township Thurd Creek Registration Dis	trict No
or	ation District No. 54/9 Registered No. /2
FULL NAME Mes Maine	St.: Ward) [If death occurred in a hospital or fastitution, give its NAME instead of street and number]
. PERSONAL AND STATISTICAL PARTICULARS	/ MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE MARRIED WIDOWED WIDOWED OR DIVORCED (IV rits the word)	DATE OF DEATH (vicitly) (Day) (Year)
AGE DATE OF BIRTH September 14, 1837 (Month) (Day) (Year)	Thereby CERTIFY, that I attended deceased from Sebruary, 1913, to March 18, 1913, that I last saw has alive on March 18, 1913,
75 yrs 6 mos 10 ds, l day, hi	and that death occurred, on the date stated above, at or orm.
OCCUPATION (a) Trade, profession, or Retired heres K	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) Letized 9 = 0	Lagrifage.
BIRTHPLACE (City or town, State or foreign country)	(Duration) yrs. 1 mos. ds.
NAME OF Briefluar	Contributory (SECONDARY) (Duration) mosds.
BIRTHPLACE OF FATHER (City or town, State or foreign country)	(Slaped) Co. C. Sunge M.D. Mar 21, 191.3 (Address) Bland
MAIDEN NAME Songol Know	*State the Disease Causing Death, or, in (deaths, from Violent Canas, first (1) Heans of Injury: and (2) whether actional sortidation Controlled.
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) In the of death yrs mos ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted If not at place of death?
(Informant) Hury July	Former or usual residence
(ADDRESS) Decied, Ulo	place of Burial OR REMOVAL DATE OF BURIAL OVALUE 241913
Filed Mar 22. 1813 C. H. Buddencesa	UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS
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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.

 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.)