	PLACE OF DEATH unty Bullmaer	MISSOURI STATE BOARD OF HEAI BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH
To	2.1 -1	ict No. 940 File No. 3881
o Viii	· //	ion District No. 3/04/ Registered No.
Oit		181: Ward) [If death occurred by the spital or institution of street and numerical street and
	PERSONAL AND STATISTICAL PARTICULARS	2 MEDICAL CERTIFICATE OF DEATH
88	COLOR OR EAGE. SINGLE MARRIED WIDOWED OR DIVORCED (Walte the word)	DATE OF DEATH  (Month)  (Day)
DA	TE OF BIRTH  (Month)  (Month)  (Car)	I HEREBY CERTIFY, that Lattended deceased
AC		
(a) H	CUPATION Trade, profession, or farming	Chuves of Charles
(b)	General nature of industry iness, or establishment in the employed (or employer)	38 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Ci	THPLACE Ty or town, te or foreign country Capi Courty	Contributory
	NAME OF FATHER Sundley	(SECTIONARY) (Ouration yrs mos mos
PARENTS	OF FATHER  (Oty or towns, State or foreign country)	(Blend) Pilli (Frankly)
PAR	OF MOTHER TONI RIVERS	*State the Disease Causing Death, or, in deaths from Violent Causes. (1) Heans of Injury: and (2) whether Accidental, Suicidal, or Homicidal.
,	OF MOTHER (City or town, State or forcing country)	LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIEN RECENT RESIDENTS)  At place In the State yrs mos. ds. State
	ormant) Lithu Suider	Where was disease contracted if not at place of death?
	(ADDRESS) Drum M.	Place of Burial or REMOVAL DATEGOE BURIAL  Myser Lewellery
- 1 File	d 2//. 1914 REGISTRAR	UNDERTAKERY JABORESS . MADDRESS .
	nada man	The state of the s

## -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.

11 . Ut ?

PLAC	PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	IRD OF HEALTH STATISTICS DEATH
ounty	***************************************	Registration District No.	No File No.	***************************************
24		Primary Registration District No.	District No Registared No.	
07			St. Ward	[If death occurred in a
ity		(NO:		give its
FULL	L NAME	***************************************		-
PERS	PERSONAL AND STATISTICAL PARTICULARS	CAL PARTICULARS	MEDICAL CERTIFICATE OF	реатн
EX	COLOR OR RACE	SINGLE MARRIED WIDOWED ON DIVORGED Write the word)	DATE OF DEATH (Month)	(Day) (Year)
ATE OF BIRTH			I HEREBY CERTIFY, that I	CERTIFY, that I attended deceased from
I	(Month)	(Day), I (Year)	thet I last saw h alive on	, 191
4GE	. <b>8</b> 1 <b>%</b>	If LESS than I day, hrs. orhrs.	occur DEA	'
OCCUPATION 1) Trade, profession, or articular kind of work	fession, or d of work			
o) General na usiness, or es hich employe	o) General nature of Industry. Usingss, or establishment in hich employed (or employer)			
IRTHPLACE City or town, tate or foreign country)	wanty)		Contributory	ds,
NAME OF FATHER	¥6.		(Becompary) (Ouration) Yrs.	sds.
BIRTHP OF FATI (City or to	BIRTHPLACE OF FATHER (City or town, State or foreign country)		(Bigned)(Bi(Address)	M. D.
MAIDEN NAME OF MOTHER	I NAME' THER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	ha from Violent Causes, sta- idal, or Homicidal.
BIRTHP OF MOT	BIRTHPLACE OF MOTHER (City or town, State or forcign country)		LENGTH OF RESIDENCE (TON DOSTALL), INC. RECENT RESIDENTS)  At place " " To the " To	yrs,ds.
HE ABOVE I	HE ABOVE IS TRUE TO THE BEST OF MY-KNOWLEDGE	JF MY-KNOWLEDGE	Where was disease contracted if not at place of death?	
(Informant)	(60)	•	usual residence	DATE OF BURIAL
(AUD	(AUURESO)		UNDERTAKER	ADDRESS
Filed		AACTOLAGA		

	DI 8-	C AC BEATH				CORI 211	ILE BOAL	RD OF HEAL
	72	E OF DEATH	CEIV	REGISTRARS S E A FEE FOR (	HALL NOT RE- CERTIFICATES			TATISTICS
Cou	inty	olling	UNTI	E A FEE FOR C L THEY ARE C CRIBED BY LA	OMPLETED AS	CERTI	FICATE OF D	DEATH V
	9	" Lett		ORIDAD D	" 44	-0		1
	vnship	- rruy	R	egistration Distri	ct No		le No	
or Ville		/		Primary Registrati	Nat-lat Na 65/	104 .	egistered No	
07		······································	F	rimary registrati	on District notes		egistered No	***************************************
Olty	·		/)(NO			8y/J_		[If death occurred bospital or firsting the control of the control
		K	limas	Wasa	/ * * *	$\mathcal{Y}_{-}$	• //	give its NAME i
	FULL	NAME	WYZ	11 aug	welon	in	us	of street and numb
		<del></del>	<del>/</del>		. 1			
	PERSO	DNAL AND STATIS		JLARS	Ŭ ME	DICAL CERTI	FICATE OF E	DEATH
8E	× 7,	COLOR OR RACE	INCUDIED		DATE OF DEATH		211	<i>ל</i>
	In/	111	WIDOWED	<b>从</b> )		D A	//	
	110 1		(Write the word)				(Month)	(Day) (Y
DA'	TE OF BIRTI	H &	-, D	Δ ξ	0、 在底	BY CERTIE	Y, that at	tended deceased
	صــٰـ	ARIR WOL	Trow	1843	F 156 210	191 A	to Feb	/2, 19
		(Mouth	ı) / (I	Day) (Year)	that I hast saw h	Or Add Nove on	Dr. 18	101/4 10
AG	Ε	-:0rv	•	If LESS than	\ Y	1.	7	
		71 4	be	i day,hrs,   ormin.2≫	and-that death	occurred, නා්	he date state	ed above, au 💆
		/	Mos. d	is.   ormln.7>	The CAUSE OF	DEATH* wa	O i∕âs⊿follows:	_
	CUPATION Trade, profes	edon or 4	Still	$\mathscr{M}_{\lambda}$	PP/ in	$\sim \omega$	KALLOK	7
	litado, proces	3510111 OF 17012	人 イイイバン・ファー	17. 5.		/_) /// _		<i></i>
		of work	VV-V-50	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			()	
(b) (	Goneral natu	re of Industry,	104	OA MIL	ON GO	7	(2) (C)	
(b) (	General natu Iness, or esta		184		ON COLOR		17 06	2 <sub>0/</sub> .
(b) ( busi which	General natu Iness, or esta ch employed	re of Industry.	184			Or.	13 OF	Po <sub>le</sub>
(b) (busing white BIRT (City	General natu Iness, or esta th employed THPLACE For town,	pre of Industry, bilishment in (pr., employer)	ander it			(Dy. (Duration)	7 - Yra.	Pojj.
(b) (busing white) BIRT	Goneral ratu Iness, or esta ch employed THPLACE yor town, e or foreign cour	pre of Industry, bilishment in (pr., employer)	ardegis		Contributory	This V	ana	Poj;
(b) (busing white) BIRT	General natu Iness, or esta th employed THPLACE For town,	pre of Industry, bilishment in (pr., employer)	ardegui	2	Contributory	This V	ana	00/6/2/ mos
(b) (busing white) BIRT	General natural matural mat	atry) Afghur	ardigui (	3. M.		This V	ario	DOJ. Mos
(b) (busing white business (City State	General natural ness, or esta the employed THPLACE TO THE TO THE	atry Office States	ardiguit (	2		This V	aria	PO: EQ mos.
(b) (busing which which which which which which which which will be seen a seen and the seen and	General natural ness, or esta the employed THPLACE of town, or or or ordering coun NAME OF FATHER BIRTHPLA OF FATHE	atry Office States	ardigit	of the second	(SECONDARY)	Wital	aria	mos.
(b) (busing white state (City State )	General natures, or esta the employed THPLACE or town, or offering cour NAME OF FATHER  BIRTHPLA OF FATHE (City or town MAIDEN N.	atry) Age Kunder (age of Industry) Age Kunder (age of Industry) Age Kunder (age of Industry) Ame	ardigión right signi anglingu		(SECONDARY)  (Signed)  (Signed)  (Signed)	Wital W. Jas M. Jas	aria Rieg Marie	water 1
(b) (busing white state (City State )	General natural ness, or esta the employed THPLACE TO THE TO THE TO THE TO THE TO THE TO THE THE TO THE	atry) Age Kunder (age of Industry) Age Kunder (age of Industry) Age Kunder (age of Industry) Ame	ardiguisi institutu	n.	(Signed) (Signed)  *State the Diseas (1) Heans of Injury: an	(Duration) (M. J. (Addresse Causing Death, d (2) whether A	arroc  sing  sa) Lithu  or, in death  oridental, Suicidal	from Violent Causes,
(b) (busing white BiRT (City	General riatu Iness. or esta the employed THPLACE TO TOWN, TO TOWN, TO TOWN THER  BIRTHPLA OF FATHE  MAIDEN N OF MOTHE  BIRTHPLA BIRTHPLA BIRTHPLA BIRTHPLA BIRTHPLA BIRTHPLA	ntry Office Construction of Industry Office Construction of In	ardigues and	nc.	(Signed)	Duration (Address of Cassing Death Address of	arroc  sing  sa) Lithu  or, in death  oridental, Suicidal	from Violent Causes,
(b) (busing white business (City State	General matures or esta ch employed THPLACE or town, e or foreign cour NAME OF FATHER  MAIDEN N OF MOTHE  BIRTHPLAI OF MOTHE	atry) Age fundament in (pr. employer)	a l	ug A	(Signed) (Signed) (Since the Diseas (I) Means of Injury: an LENGTH OF RESIL RECENT RESIDENT®) At place	Duratigh (Address Causing Death, d (2) whether A	arroc  yrs.  yrs.	from Violent Causes, for Homicidal.
(b) (b) using which will be seen a second with the which which which which will be seen a second with the which which will be seen a second with the which which will be seen a second with the which will be seen a second with the which will be seen a second with the which which will be seen a second with the which which will be seen a second with the which which will be seen as the which	General ristualiness, or esta ch employed THPLACE for town, e or foreign cour NAME OF FATHER  BIRTHPLA OF FATHE MAIDEN N. OF MOTHE BIRTHPLA OF MOTHE City or town	ore of Industry.  ablishment in  (pr. employer)  atry)  Arrivatory  OE  R  AME  ER  OE  R  State or foreign country  OE  R  State or foreign country	unknow	or	(Signed) (Signed)  *State the Diseas (1) Means of Injury: an LENGTH OF RESIL RECENT RESIDENT®) At place of death	(Duration) (Duration) (Address Causing Death, dd (2) whether ADENOE (FOR H	sa) What or, in death oridental, Soicidal OSPITALS, INSTI	from Violent Causes,
PARENTS State	General matures or esta ch employed THPLACE or town, e or foreign cour NAME OF FATHER  MAIDEN N OF MOTHE  BIRTHPLAI OF MOTHE	ore of Industry.  ablishment in  (pr. employer)  atry)  Arrivatory  OE  R  AME  ER  OE  R  State or foreign country  OE  R  State or foreign country	inknow	or	(Signed) (Signed) (Since the Diseas (I) Means of Injury: an LENGTH OF RESIL RECENT RESIDENT®) At place	(Duration) (Address of Contracted) (Duration) (Address of Contracted)	arroc  yrs.  yrs.	from Violent Causes, for Homicidal.
(b) (b) usi which which which which which which which which will be seen a seen and which which will be seen a seen and which which will be seen a seen and which will be seen as a seen and which will be seen a seen and which will be seen as a seen and which will be seen a seen and which will be seen as a seen and which will be seen a seen and which will be seen as a seen and which will be seen a seen and which will be seen a seen and which will be seen as a seen and which will be seen as a seen and which will be seen a seen and which will be seen a seen and which will be seen as a seen and whi	General ristualiness, or esta ch employed THPLACE for town, e or foreign cour NAME OF FATHER  BIRTHPLA OF FATHE MAIDEN N. OF MOTHE BIRTHPLA OF MOTHE City or town	ore of Industry.  ablishment in  (pr. employer)  atry)  Arrivatory  OE  R  AME  ER  OE  R  State or foreign country  OE  R  State or foreign country	unknow	or	(Signed)  (Signe	(Duration) (Address of Contracted) (Duration) (Address of Contracted)	arroc  yrs.  yrs.	from Violent Causes, for Homicidal.
(b) (busing white	General matures, or esta ch employed THPLACE or town, e or foreign cour NAME OF FATHER  BIRTHPLA OF FATHE (City or town OF MOTHE BERTHPLA OF MOTHE City or town ALDEN N. OF MOTHE City or town	ore of Industry.  ablishment in  (pr. employer)  atry)  Arrivatory  OE  R  AME  ER  OE  R  State or foreign country  OE  R  State or foreign country	unknow	or	(Signed)  (Signed)  *State the Disease (1) Heans of Injury; and LENGTH OF RESUREDENTS) At place of death yrs. Where was disease if not at place of results of the place of usual residence.	(Duration) (Address Causing Death, d (2) whether A DENCE (FOR H	ss) Linux or, in deasthe oddental, Suicidal DEPTIALS, INSTI	trom Violent Causes, for Homicidal. TUTIONS, TRANSIENT
(b) (b) usi which which which which which which which which will be seen a seen and which which will be seen a seen and which which will be seen a seen and which will be seen as a seen and which will be seen a seen and which will be seen as a seen and which will be seen a seen and which will be seen as a seen and which will be seen a seen and which will be seen as a seen and which will be seen a seen and which will be seen a seen and which will be seen as a seen and which will be seen as a seen and which will be seen a seen and which will be seen a seen and which will be seen as a seen and whi	General matures, or esta ch employed THPLACE or town, e or foreign cour NAME OF FATHER  BIRTHPLA OF FATHE (City or town OF MOTHE BERTHPLA OF MOTHE City or town ALDEN N. OF MOTHE City or town	AME ER  OE  ER  State or foreign county  OF  TRUE TO THE BEST	unknow	or	(Signed)  (Signed)  *State the Disease (1) Heans of Injury; and LENGTH OF RESUREDENTS) At place of death yrs. Where was disease if not at place of results of the place of usual residence.	(Duration) (Address of Contracted) (Duration) (Address of Contracted)	ss) Linux or, in deasthe oddental, Suicidal DEPTIALS, INSTI	from Violent Causes, for Homicidal.
(b) (b) usi which which which which which which which which will be seen a seen and which which will be seen a seen and which which will be seen a seen and which will be seen as a seen and which will be seen a seen and which will be seen as a seen and which will be seen a seen and which will be seen as a seen and which will be seen a seen and which will be seen as a seen and which will be seen a seen and which will be seen a seen and which will be seen as a seen and which will be seen as a seen and which will be seen a seen and which will be seen a seen and which will be seen as a seen and which will be seen as a seen as a seen as a seen and which will be seen	General natural ness, or esta ch employed THPLACE or town, e or foreign cour NAME OF FATHER  BIRTHPLACOF FATHER  MAIDEN N. OF MOTHE BIRTHPLACOF MOTHE City or town  BIRTHPLACOF MOTHE City or town  ABOVE 18 TOORMANT)	AME ER  OE  ER  State or foreign county  OF  TRUE TO THE BEST	unknow	or	(Signed)  (Signed)  *State the Disease (1) Heans of Injury; and LENGTH OF RESUREDENTS) At place of death yrs. Where was disease if not at place of results of the place of usual residence.	(Duration) (Address Causing Death, d (2) whether A DENCE (FOR H	ss) Linux or, in deasthe oddental, Suicidal DEPTIALS, INSTI	from Violent Causes, or Homicidal. TUTIONS, TRANSIENT TUTIONS, TRANSIENT TOTAL ATE OF BURIAL
(b) (b) which will be a second with the which which which which which which will be a second with the which which which will be a second with the which which which will be a second with the which which will be a second with the which which which which will be a second with the which will be a second with the which will be a second with the which which which which which will be a second with the which which which which will be a second with the which will be a	General natural ness, or esta ch employed THPLACE or town, e or foreign cour NAME OF FATHER  BIRTHPLACOF FATHER  MAIDEN N. OF MOTHE BIRTHPLACOF MOTHE City or town  BIRTHPLACOF MOTHE City or town  ABOVE 18 TOORMANT)	AME ER  OE  ER  State or foreign county  OF  TRUE TO THE BEST	unknow	EDGE	(Signed)  (Signed)  *State the Disease (1) Heans of Injury; and LENGTH OF RESUREDENTS) At place of death yrs. Where was disease if not at place of results of the place of usual residence.	(Duration) (Address Causing Death, d (2) whether A DENCE (FOR H	ss) Linux or, in death ocidental, Suicidal DSPITALS, INSTI	from Violent Causes, or Homicidal. TUTIONS, TRANSIENT TUTIONS, TRANSIENT TOTAL ATE OF BURIAL
(b) (busing white	General natural ness, or esta ch employed THPLACE or town, e or foreign cour NAME OF FATHER  BIRTHPLACOF FATHER  MAIDEN N. OF MOTHE BIRTHPLACOF MOTHE City or town  BIRTHPLACOF MOTHE City or town  ABOVE 18 TOORMANT)	AME ER  OE  ER  State or foreign county  OF  TRUE TO THE BEST	unknow	or	(Signed) (Heans of injury; and LENGTH OF RESIDENTS) At place of death yrs. Where was disease if not at place of Former or usual residence.  PLAGE OF BURIA	(Duration) (Address Causing Death, d (2) whether A DENCE (FOR H	ss) Linux or, in death ocidental, Suicidal DSPITALS, INSTI	TUTIONS, TRANSIENT  YES

## 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.

 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 im-Measles (disease causing death), portant. Example: 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, telanus) 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.)