aldridge

## MISSOURI STATE BOARD OF HEALTH

BUREA	U OF	VITAL	STATISTI	CS

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PERSONAL AND STATISTICAL PARTICULARS  BEX  COLOR OR RACE  Mand  DATE OF BIRTH  AGE  COUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry,  (c) Concaration nature of industry,  DATE OF DEATH  COUPATION  (a) Trade, profession, or particular kind of work  (b) General nature of industry,  DATE OF DEATH  COUPATION  (b) General nature of industry,  Contributory  Contributory  State effecting country)  Contributory  (b) General nature of industry,  Contributory  (c) General nature of industry,  (c) General nature of industry,  (c) General nature of industry,  Contributory  (c) General nature of industry,  (c) General nature of industry,  (c) General nature of industry,  (d) General nature of industry,  (e) General nature of industry,  (c) General nature of industry,  (d) General nature of industry,  (e) General nature of industry,  (f) General nature of industry,  (c) General nature of industry,  (d) General nature of industry,  (e) General nature of industry,  (e	Cou	anty		CE	RTIFICATE O	<u> </u>		
Primary Registration District No. 3014 Registered No. 70  Bit death occurred in a benefital or healthcline, give its RABE instead of street and sembled of	Ton	ynship	Registration Distric	et No. 213	File No.	12025		
FULL NAME Challes Tr. Durchau browlish of street and unniver to the st			Primary Registration	on District No. 3014	Registered N	70		
PERSONAL AND STATISTICAL PARTICULARS  BEX  COLOR OR RACE  Male  White  Control of Birth  AGE  COLOR OR RACE  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (Day)  (Year)  I HEREBY CERTIFY, that I attended deceased from  The CAUSE OF DEATH  Control of the date stated above, at Agm.  The CAUSE OF DEATH  The CAUSE OF DEATH  The CAUSE OF DEATH  Control of the date stated above, at Agm.  The CAUSE OF DEATH  The		79. 1 20 IN ACT N 1911 A AAA	1203 6	Kiff 81	. <u>;</u> War	d) hospital or institution, give its NAME instead		
BEX COLOR OR RAGE  Male  White  Male  White  Man.  Man	_	/ FULL NAME Charl	20 /1:	Dunha	<u> </u>			
MARIE MARIE MARIED MARI			ICULARS	WEDICAL CE	RTIFICATE O	F DEATH		
MAN. 6, 857  (Month) (Day) (Year)  AGE  (Month) (Day) (Year)  that I last saw h inalive on a par 14,191 H  that I last saw h inalive on a par 14,191 H  and that death occurred, on the date stated above, at Ram.  The CAUSE OF DEATH* was as follows:  (b) General nature of industry.  Delineas, or establishment in which amployed for employer:  (b) General nature of industry.  Delineas, or establishment in which amployed for employer:  (City or town.)  State or forcign country)  MAIDEN NAME  OF FATHER  Down Knaw  OF MOTHER  Down Knaw  BIRTHPLACE  OF MOTHER  OF MOTHER  BIRTHPLACE  OF MOTHER  OF MOTHER  City or town, State or forcign country)  Down Knaw  OF MOTHER  BIRTHPLACE  OF MOTHER  City or town, State or forcign country)  BIRTHPLACE  OF MOTHER  City or town, State or forcign country)  Down Knaw  City or town, State or forcign country)  Down Knaw  City or town, State or forcign country)  Down Knaw  City or town, State or forcign country)  Down Knaw  City or town, State or forcign country)  Down Knaw  City or town, State or forcign country)  Down Knaw  City or town, State or forcign country)  Down Knaw  City or town, State or forcign country)  Down Knaw  City or town, State or forcign country)  Down Knaw  City or town, State or forcign country)  Contributory	h	COLOR OR HAGE MARRIED WIDOWED OR DIVORCE		DATE OF DEATH	T	(Day) (Year)		
AGE  (Mosth)  (Day)  (Yes)  (TLESS than iday, hre. or mos. 10 ds. or min.?  (As)  (B) General nature of industry. Description or establishment in which employed (or employer)  (City or town.)  State or forcign country)  MAME OF FATHER  OF FATHER  OF MOTHER  OF MOTHER  DANT KNOWLEDGE  (Informant)  (Mosth)  (Day)  (Yes)  If LESS than idea to railive on appropriate and that death occurred, on the date stated above, at known. The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH* was as follows:  (Duration)  (Duration)  (Ouration)  (Ouration)  (Ouration)  (Ouration)  (Ouration)  (Secondary)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Duration)  (Secondary)  (Secondary)	DA	4	6 ,852	(h )		attended deceased from		
and that death occurred, on the date stated above, at Ram.  COCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  Description of the country of industry.  Duration of the country of industry.  Duration of industry.  Duration of the country of industry.  Duration of in	AC					pr 14,1914		
OCCUPATION (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (City or town, State or foreign country)  BIRTHPLACE OF FATHER  BIRTHPLACE OF FATHER  BIRTHPLACE OF MOTHER  MAIDEN NAME OF OF MOTHER  City or town, State or foreign country)  BOLL  BIRTHPLACE OF MOTHER  City or town, State or foreign country)  City or town, State or foreign country)  BIRTHPLACE OF MOTHER  City or town, State or foreign country)  City or town, State or foreign country)  BIRTHPLACE OF MOTHER  City or town, State or foreign country)  Contributory  Contributory  Contributory  Contributory  Contributory  Contri		12 / 1	7	•				
(City or town.)  BIRTHPLACE OF FATHER  BIRTHPLACE OF FATHER  CONTRIBUTOR  OF FATHER  CITY or INDIA, State or foreign country)  BIRTHPLACE OF FATHER  CITY or INDIA, State or foreign country)  BIRTHPLACE OF FATHER  CITY or INDIA, State or foreign country)  BIRTHPLACE OF FATHER  CITY or INDIA, State or foreign country)  BIRTHPLACE OF MOTHER  CITY or INDIA, State or foreign country)  BIRTHPLACE OF MOTHER  CITY or INDIA, State or foreign country)  BIRTHPLACE OF MOTHER  CITY or INDIA, State or foreign country)  CITY DEANS of LINE TO THE BEST OF MY KNOWLEDGE  (Informant)  CONTRIBUTOR  CONTR	(a)	CUPATION Trade, profession, or		/1 .	was as follov	vs:		
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NAME OF FATHER DOWN KNOWLEDGE  BIRTHPLACE OF FATHER (City or town, State or foreign country) Down Know (State or foreign country) Down Know (I) Means of Injury and (2) whether Accidental, Sociedal, or Homicidal.  BIRTHPLACE OF MOTHER (City or town, State or foreign country) Down Know Knowledge  THE JABOVE 18 TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) The Down Knowledge (In the present Residence)  Where was disease contracted (If not at place of death?  Former or usual residence  PLACE OF BURIAL OR REMOVAND A DATE OF BURIAL	(Ci	ty or town."			77-16	mos. ds.		
OF FATHER (City or town, State or foreign country) One Know  MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER (City or town, State or foreign country) One Know  City or town, State or foreign country) One Know  THEIABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Company One Knowledge  Company O		NAME OF PATHER Doub	Enow	(BECONDARY)	tipm y	rs. 5 mos. ds.		
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THE JABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Where was disease contracted if not at place of death?  Former or usual residence.  PLACE OF BURIAL OR REMOVADIA DATE OF BURIAL				RECENT RESIDENTS) At place In the				
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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 DRATH, 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 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., sebsis, 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.)