PLACE OF DEATH

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

Price

Township Mulewater Registration Di	strict No. 70 File No. 31448
or Village Primary Regist	ration District No. 5-109 Registered No. 14
FULL NAME Gillian C	St.; Ward) [If death occurred in a hospital or institution, style its RAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE MARRIED WIDOWED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH
DATE OF BIRTH	I HEREBY CERTIFY, that I attended deceased from
(Month) (Day) (Yea	
(Month) (Day) (Yea	that I last saw here alive on X - / - 1914.
84 yrs. 5 mos. 23 ds. ormlr	hrs. and that death occurred, on the date stated above, at 8 4 m.
OCCUPATION (a) Trade, profession, or house work.	The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	1198 106
BIRTHPLACE (City or town, State or foreign country) North Carolina MS.C	Contributory Not Known
NAME OF FATHER Land wich Pullum	(SECONDARY) (Duration) (Pro
BIRTHPLACE Porth Caroling, M. S. C. City or town, State or foreign country MAIDEN NAME OF MOTHER GLOCA OF MOTHER	(Signed) (15. Dalton M. D. 10-20 1914 (Address) Friedheim Mo.
MAIDEN NAME Gilian Parish	*State the Disease Causing Death, or, in deaths from Vinlent Causes, state (1) Heans of Injury: and (2) whether Accidental, Suicidal, or Homicidal.
BIRTHPLACE Morth Carolina M.S. Co OF MOTHER Morth Carolina M.S. Co (City or town, State or foreign country)	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs. mos. ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not atplace of death?
(Informant) Valvin Garkes	Former or usual residence
(ADDRESS) Hulderbrand Mo	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Oct 30 1814, ENStaller In & REGISTRA	Sargens Chaffle 10-21- 1814 UNDERTAKER AR CASIO STORES ADDRESS Frush.

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.)