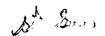
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MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

	CERTIFICATE OF DEATH		
Township Registration Distr	37219		
VIIIage Primary Registrati	ion District NO DR Registered No. 10505		
FULL NAME Will C SX	[Il death occurred in a hospital or institution, give its NAME instead of street and number]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
BEX COLOR OF RACE MARRIED WIDOWED OF DIVORCED (Write the word)	DATE OF DEATH (Month) (Day) (Year)		
DATE OF BIRTH (Month) (Year)	I HEREBY CERTIFY, that I attended deceased from 1914, to 10, 1914, that I last saw be malive on 20, 16, 1914,		
AGE H LESS than I day, hrs or min.?	/ (T/O		
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) Museum	92A (Duration) mos ds.		
NAME OF JOHN JOYNE BIRTHPLACE OF FATHER (City or town, State or foreign country) MAIDEN NAME OF MOTHER OF MOTHER	Contributory (SECONDARY) (Duration) (Duration) (Duration) (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Address) (Duration) (Signed) (Address) (Duration) (Signed) (Address) (Duration) (Signed) (Address) (Duration) (Durati		
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Museum	(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. State yrs mos. ds.		
(Informant). Rower of the post of the knowledge alim	Where was disease contracted if not at place of death? Former or usual residence 67 Manches level		
(ADDRESS) City/vochetaf	PLACE OF BURIAL OR REMOVALY MATE OF BURIAL IST IST IST		
Filed 116 1 21 19 191 May 6 Hark Coff	Gualla Bartina 141 Theorisans		



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 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; Paisaned 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.)