

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.

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

PLACE OF DEATH St Louis
 County St Louis Registration District No. 791 File No. 8117
 Township M. Murphy Hospital or 1000 Registered No. 1680
 Village _____ or _____ Primary Registration District No. _____
 City St Louis (No. Mulmurry Hospital St. 70 Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mrs Maggie Rich

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female **COLOR OR RACE** White **SINGLE MARRIED WIDOWED OR DIVORCED** married
(Write the word)
DATE OF BIRTH May 31st 1874
(Month) (Day) (Year)
AGE 41 yrs. 8 mos. 10 ds. IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION
 (a) Trade, profession, or particular kind of work House wife 1700
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

DATE OF DEATH Feb 9th 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 6th 1916, to Feb 9th 1916, that I last saw her alive on Feb 9th 1916, and that death occurred, on the date stated above, at 10:00 a.m.

The CAUSE OF DEATH* was as follows:
Intestinal obstruction
Numerous Intestinal adhesions
of Both Large & Small Intestines, causing
Obstruction
(Duration) yrs. ___ mos. 14 ds.

BIRTHPLACE
(City or town, State or foreign country) Gallatin County, MT

Contributory 104
(SECONDARY) (Duration) yrs. ___ mos. ___ ds.

PARENTS
NAME OF FATHER Ran Maloney

(Signed) August W. Scribb M. D.
Feb 9th 1916 (Address) Mulmurry Hosp.

BIRTHPLACE OF FATHER
(City or town, State or foreign country) Ireland

MAIDEN NAME OF MOTHER Sarah Daily

BIRTHPLACE OF MOTHER
(City or town, State or foreign country) Ireland

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Louis Rich

At place of death 14 yrs. ___ mos. ___ ds. In the State 14 yrs. ___ mos. ___ ds.
 Where was disease contracted if not at place of death? East St. Louis
 Former or usual residence East St. Louis

(ADDRESS) 1105 Lake Ave., E St. Louis

PLACE OF BURIAL OR REMOVAL East St. Louis Ill **DATE OF BURIAL** Feb 9 1916

Filed FEB 9 1916 Max C. Starkloff
 1916 REGISTRAR

UNDERTAKER M. J. Walsh **ADDRESS** East St. Louis Ill

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*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid 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 septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, 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.)