MISSOURI STATE BOARD OF HEALTH

	1 PLACE OF DEATH	BUREAU OF VITAL STATISTICS
Count	- Shelly	CERTIFICATE OF DEATH
Towns	of optimise	8818 S J Filo No. 8818
or Village	e Primary Registrati	ion District No. 0500/3 Registered No. 8
City	FULL NAME Infort no no	St., Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
Ma	4 COLOR OR HACE White White White Write the word)	16 DATE OF DEATH (Month) (Day) 191 (Year)
6 DATE OF BIRTH Tel (Month) (Day) (Year)		17 I HEREBY CERTIFY, that I attended deceased from 1910, to 1910, that I last saw hills, alive on 1910,
7 AGE If LESS than 1 day,hrs. ormin.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work		Gamaluse Broth.
(b) General nature of industry business, or establishment in which employed (or employer)		159
BIRTH (City or State or f		(Duration) yra mos ds.
1	O NAME OF John Baker	(Secondary) (Duration) yremosds.
D I	1 BIRTHPLACE OF FATHER (City or town, State or foreign country)	(Signed) O Jas W. Fre mars M. D.
1	2 MAIDEN NAME Munice Kendrik	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
1	3 BIRTHPLACE OF MOTHER (City or town, State or foreign country) helbrus Mr	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		of deathyrsmosds. Stateyrsmosds, Where was disease contracted if not at place of death?
(Info	(Address Shelbine Ma	Former or usual residence
Filed	Fl & 1916 R.S. Batterel	20 UNDERTAKER ADDRESS ADDRESS
	Registrar	6. Jose Ille Hardonno

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, QR. 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, 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.)