Ţ.				•			
	1 PLACE OF DEATH				MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS		
_	$: \mathcal{M}.C$	Look	صه	•		CERTIFICATE	OF DEATH :
Cou	0	x D 0	- Dorden	and	760	•	22384
Tow	nship.	2/40-7C		istration Distri	ct No.	File No	44004
or	*:				on District No bool		士士 うん
Villa	nge		Prin	nary Registrati	on District No.	Registered N	10.
or City	_		(NO,		St.;	W	[If death occurred in a
City	······································	٦.	()				hospital or institution
,	2FULL NAME	Λ	us. Terti	udi !	Saller or		of street and number.]
	FOLL NAME				*		
	PERSONAL AI	ID STATIS	TICAL PARTICUL	_ARS	MEDICAL CERTIFICATE OF DEATH		
200	14000	R OR RACE	5 BINGLE		16 DATE OF DEATH	<u> </u>	
3 SEX	4 6010	n on HACE	WIDOWED WA	wiet	ANDRIE OF DEATH	Vui	13 / 6
de	male Wh	ile	OR DIVORCED (Write the word)		5	(Month)	(Day) (Year)
<u> </u>	E OF BIRTH		*		17 AA I HEREBY C	ERTIFY, that	
JUAI	· /		•	C A	Marks	// /	1 1 ./
١.	Nov	(Month)		; 1. 65 y) (Year)	18	11	191.
		(1410401)	(D2)	If LESS than	that I lest saw harmalis	re on	191 6
7 AGE	•		•	1 day,hrs.		on the date at	ated above, at
'	62	yrs7	mos 27ds.	ormin.?		_	
9 000	CUPATION				The CAMBE OF DEATH	was as to lo	ws:
(a)	Trade, profession.	or			brauch	0-1m	w moma,
1	icular kind of wo				23/9		
busi	General nature of i iness or establish:	ment in	House con	nla	1 1 19 B		
whic	ch employed (or ex	nployer)			10711		
	THPLACE or town,	00	es bounds .	2110	700	J.,,,,,	
State	or foreign country)	e branc	25.000		· (7	, 0	· · · · · · · · · · · · · · · · · · ·
	10 NAME OF	-/-	L: 2.11		CONTRIBUTORY	umjuu	ny ourine
!	FATHER				Jup.	rathero	V/ .yrsds
•	11 BIRTHPLACE				(Agnod)	Jan 16	
E	OF FATHER (City or town, State or foreign country)				00//		M.D.
ARENT	12 MAIDEN NAME	· or roteign cot			Juny / 191 6	(Address)	wy yours,
PA	OF MOTHER			*State the Disease Causi:	ng Death, or, in c	eaths from Violent Causes, stated in tal, Suicidal or Homicidal	
 	13 BIRTHPLACE						s, Institutions, Transients
	OF MOTHER		- France	-	or Recent Residents)	,	,,
<u> </u>	(City or town, Sta	c or roreign cor	mary) - John State of the state		At place of deathyrsmos.	In th	e •yrsmosds
14 TH	E ABOVE IS TRUE	O THE BES	T OF MY KNOWLED	GE	Where was disease contra	cted	-
	· · · Ma	10 m	Baltin	,	if not at place of death?		•
(Iz	nformant)	_			Former or usual residence		
	(Address)	L	Pelaro	M.	 		1
	(Mddress)		×	× pr 6-45	19 PLACE OF BURIAL OR RE	MOVAL	DATE OF BURIAL
	1		1-0	,	It Yeleis		fuse 4 1916.
15	//	-	1/6 (1	<i></i>			
	10d June 3	191.6	My ter	Jui.	20 UNDERTAKER		ADDRESS ON

pations of persons engaged in domestic service for wages, as Scrvant, 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.)

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

probably such, if impossible to determine denuitely. 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

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, 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 septichaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state MEANS OF INJURY and qualify as ACCIDENTAL, SUI-CIDAL, 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 acidprobably 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.)