Township  Or	Co	1 PLACE OF DEATH			BUREA	STATE BO U OF VITAL ERTIFICATE O	DARD OF HEALTI STATISTICS OF DEATH	
VILIA DE LA COLOR OR PACE  STULL NAME  PERSONAL AND STATISTICAL PARTICULARS  3.8ES  4 COLOR OR RACE  SAME  SAME  A COLOR OR RACE  OR OFFICE IN SECURITY  A COLOR OR RACE  OR OFFICE IN SECURITY  THE CAUSE OF DEATH  SOCCUPATION  (NO ) Tredo, profession, or celabilishment in particular build makes or main. 7  SOCCUPATION  (City of town, State or foreign country)  DESTINATION  SITUATION  SITUATION  SITUATION  SOCCUPATION  SOCCUPATION  SOCCUPATION  THE CAUSE OF DEATH  THE CAUSE OF DEATH  SOCCUPATION  SOCCUPATION  SOCCUPATION  SOCCUPATION  SOCCUPATION  THE CAUSE OF DEATH  SOCCUPATION  SOCCUPATION  SOCCUPATION  SOCCUPATION  SOCCUPATION  THE CAUSE OF DEATH  SOCCUPATION  SOCCUPATION  SOCCUPATION  SOCCUPATION  SOCCUPATION  THE CAUSE OF DEATH  SOCCUPATION  SOCCUPATION  SOCCUPATION  SOCCUPATION  SOCCUPATION  SOCCUPATION  SOCCUPATION  THE CAUSE OF DEATH  SOCCUPATION  SOCCUPATIO	To	waship	· Registration Distr	iot <b>No</b>	85	File No	4747	
SOCCUPATION (a) Trade, profession, or betting to work  Soccupation (b) General nature of industry  Destroy  Soccupation  S	Vili or Cit	St Joseph Mo (NO.	Primary Registrat	Hospital No.	4.1	•	[li death occurred in hospital or institution give its NAME inste	
ACCUPATION (a) Trade, profession, or bounders or min?  8 OCCUPATION (b) Conservation or described with the second of the second		PERSONAL AND STATISTICAL PARTIC	ULARS	3	MEDICAL CI	RTIFICATE (	F DEATH	
17 I HEREBY CERTIFY, that I stjended deceaned File 15 1917 to 19 19 19 19 19 19 19 19 19 19 19 19 19	Je Je	GOLON ON HACE MARRIED WIDOWED OR DIVORCED	Married	16 DATE OF D		eb	/7 1917	
TAGE  ### If LESS than I day has and that I last saw h alive on ### 18 and that I last saw h alive on ### 18 and that death occurred, on the date stated above, at ### 18 and that death occurred, on the	6 DA	Spril	4 873 Par) (You)	17 Feh.	/(-	~ 7		
SOCCUPATION (a) Trade, profession, of business (b) General nature of industry pustness, or establishment in which employed (or employer)  9 BIRTHPLACE OF FATHER OF FATHER OF MOTHER OF MOTHER (City or town, State or foreign country)  12 MAIDEN NAME OF MOTHER OF MOTHER (City or town, State or foreign country)  14 THE ABOVE IS TRUE TO THE BEST OF MY RROWLEDGY (Informant)  15  Filed Month, 1, 1917.  A OTALLY  16  Carcing a Gray  (Duration)  (Dura	7 AG	L AIR	If LESS than 1 day,hrs	and that des	th occurred, o	the date state	4.1	
BURTHPLACE  (City or town, State or foreign country)  BIRTHPLACE  (City or town, State or foreign country)  DIAMADEN NAME  OF FATHER  (City or town, State or foreign country)  BIRTHPLACE  OF MOTHER  (City or town, State or foreign country)  BIRTHPLACE  OF MOTHER  (City or town, State or foreign country)  BIRTHPLACE  OF MOTHER  (City or town, State or foreign country)  ABURDEN NAME  OF MOTHER  (City or town, State or foreign country)  ABURDEN NAME  OF MOTHER  (City or town, State or foreign country)  ABURDEN  (Informant)  ABURDEN  (Informant)  ABURDEN  (Informant)  ABURDEN  (Address)  ADDRESS  (Address)  ADDRESS  (ADDRESS  (ADDRESS  ADDRESS  (ADDRESS  (ADDRESS  ADDRESS  (ADDRESS  (	(a) par	(a) Trade, profession, or 6 ous unfine particular kind of work			Carcinona of Criny			
City or town, State or foreign country)  10 NAME OF FATHER  11 BIRTHPLACE OF MOTHER (City or town, State or foreign country)  12 MAIDEN NAME OF MOTHER (City or town, State or foreign country)  13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGY (Informant)  15 Filed Habital 1, 1917, Modelly  15 Filed Habital 1, 1917, Modelly  16 NAME OF RESIDENCE (For Hospitals, Institutions, Transor death)  16 PLACE OF BURIAL OF COUNTRY  17 MAIDEN NAME OF RESIDENCE (For Hospitals, Institutions, Transor Residents)  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transor Residents)  19 PLACE OF BURIAL OF REMOVAL  19 PLACE OF BURIAL OF REMOVAL  10 PLACE OF BURIAL OF REMOVAL  15 ADDRESS 1	bus	iness, or establishment in	•••••	135101	13	· · · · · · · · · · · · · · · · · · ·		
Signed (Duration) (Dur	9 BIR (City State	ITHPLACE y or town, or foreign country)		1294	(D <sub>D</sub> )	ation)	Several	
11 BIRTHPLAGE OF FATHER (City or town, State or foreign country)  12 MADDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KROWLEGGY  (Informant)  15 Filed Tibul, 18. 1917, Workley  16 State the Disease Causing Death, or, in deaths from Violent Cause (1) Means of Injury; and (2) whether Accidental, Buicidal or Homi 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans or Recent Residents)  At place of death yrs mos ds State  Where was disease contracted if not at place of death?  Former or usual residence  (Address)  15 Filed Tibul, 18. 1917, Workley  20 UNDERTAKET  ADDRESS AD	PARENTS	10 NAME OF J. E. Ragd	lu.		) Severo	l Perit	ymetritis ₹	
(I) Means of Injury; and (2) whether Accidental, Suicidal or Homis of Mother (City or town, State or foreign country)  13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (In the of death yrs mos ds State yrs mos Mos Mos Nos Nos Nos Nos Nos Nos Nos Nos Nos N		OF FATHER // //	0		<i>*</i>	Caul	Tatter M	
18 EIRTHPLACE OF MOTHER (City or town, State or foreign country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans or Recent Residents)  At place of death yrs mos ds State yrs mos where was disease contracted if not et place of death?  Former or usual residence  19 Place of BURIAL DIFF OF BURIAL  15  Filed Have 1912, Northley  20 UNDERTAKET  ADDRESS  ADDRESS		12 MAIDEN NAME Mary 6.	Gox 0	<u></u>	· /		the from Violent Causes, st	
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	F	lod T. W. 1917. 1917.		E C A	Sidenlas	La	103 Forda	

## 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, 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.)