MISSOURI STATE BOARD OF HEALTH

COUNTY JULY AND Registration District No. 7 - 0 File No. 11773 Township. 12 Man Registration District No. 7 - 0 File No. 11773 Primary Registration District No. 2347 Registration District No. 2347 Registration No. 11 Registration No. 12 Regis	1 PLACE OF DEATH	BUREAU OF VITAL STATISTICS
Township And Registration District No. 134 Registered No. 5 Village Primary Registration District No. 6134 Registered No. 5 (NO. 8t. Mard) PERSONAL AND STATISTICAL PARTICULARS 2 SEX 4 COLONDOR BACK MARKE STAND BODATE OF BIRTH COLONDOR BACK ON SOUNDERS (West) (With the word) TAGE TAGE TO AGE TO AGE	Course Outraten	CERTIFICATE OF DEATH
City (NO. St. Ward) PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLORDR BACE SAMELY MARRIED SAMELY	Township Grant Registration	100
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and that death occurred, on the date stated above, at 12.32 ft.m. 8 OCCUPATION (a) Trade, profession, or perticular kind of work (b) General nature of industry business or establishment in which employed (or employer) 9 BIRTHPLACE (City or town, State or foreign country) 10 NAME OF FATHER (City or town, State or foreign country) 11 BIRTHPLACE (City or town, State or foreign country) 12 Madden Name (City or town, State or foreign country) 13 BIRTHPLACE (City or town, State or foreign country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Mall 16 Mallor Name (Address) 17 Manual And Mallor Name (Informant) 18 LINGTHOLE (City or town, State or foreign country) 19 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 11 BURIAL OR REMOVAL 12 PLACE OF BURIAL OR REMOVAL 13 PLACE OF BURIAL OR REMOVAL 14 PLACE OF BURIAL OR REMOVAL 15 PLACE OF BURIAL OR REMOVAL 16 PLACE OF BURIAL OR REMOVAL 17 PLACE OF BURIAL OR REMOVAL 18 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 11 PLACE OF BURIAL OR REMOVAL 12 PLACE OF BURIAL OR REMOVAL 13 PLACE OF BURIAL OR REMOVAL 14 PLACE OF BURIAL OR REMOVAL 15 PLACE OF BURIAL OR REMOVAL 16 PLACE OF BURIAL OR REMOVAL 17 PLACE OF BURIAL OR REMOVAL 18 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOV	tuly 9	898 March 7, 1917 to March 10, 1917
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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.)

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