

N. B.—Every case of death should be reported to the health officer immediately after the death. Physicians should state CAUSE OF DEATH in plain language. Exact statement of OCCUPATION is very important.

1 PLACE OF DEATH

County

Township

or

Village

or

City *St Louis*Registration District No. *791*File No. *39500*Primary Registration District No. *1003*Registered No. *10632*(NO. *1804 Paper* St. *7* Ward)

2 FULL NAME

Ellen Farley

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

White

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

Widow

6 DATE OF BIRTH

May

?

1848

(Month)

(Day)

(Year)

7 AGE

*69**5**mos.**ds.*

If LESS than

1 day, hrs.

or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country)

Ireland

10 NAME OF FATHER

don't know

PARENTS

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Ireland

12 MAIDEN NAME OF MOTHER

don't know

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr F Farley

(Address)

531 West Gate

15

NOV - 6 1917

Filed

*Nov 6 1917*MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov 5

(Month)

1917

(Day)

(Year)

17

I HEREBY CERTIFY, that I attended deceased from

*Jan**1915**to Nov 5**1917*that I last saw her alive on *Nov 30* 1917and that death occurred, on the date stated above, at *12:05 A.M.*

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis

CONTRIBUTORY

(Secondary)

1 yr

(Duration)

yrs.

mos.

ds.

(Signed) *Ed Frank*

M. D.

11-5-1917(Address) *2295 Jefferson*

*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place

of death

yrs.

mos.

ds.

In the

State

yrs.

mos.

ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Calvary

DATE OF BURIAL

Nov 7 1917

20 UNDERTAKER

Smith & Munkler

ADDRESS

4233 Olive St

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

first line will be sufficient, e. g., *Farmer* or *Physician*, *Composer*, *Architect*, *Locomotive*, *Civil engineer*, *Stationary fireman*, etc. But in cases, especially in industrial employments, it is necessary to know (a) the kind of work and also the nature of the business or industry, and therefore an additional line is provided for the latter

part; it should be used only when needed. 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 line. Never return "Laborer," "Foreman," "Dealer," etc., without more precise

information, as *Day laborer*, *Farm laborer*, *Laborer—mine*, etc. Women at home, who are engaged in domestic duties of the household only (not paid *Housewife* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, if not fully employed, as *At school* or *At home*.

It should be taken to report specifically the occupation of persons engaged in domestic service for the household, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, state occupation at the time of illness. If retired from business, that should be indicated thus: *Farmer (retired, 6 yrs.)*

H For persons who have no occupation whatever, state *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 recurrent) 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.), "Dropy," "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.)