

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

58

County .....

Township .....

Village .....

City .....

Registration District No. 791

File No. 39588

Primary Registration District No. 1003

Registered No. 10695

2 FULL NAME

Howes M<sup>c</sup> Graceless Hospital  
 Thos. R. Strington B

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male  
 4 COLOR OR RACE White  
 5 SINGLE MARRIED - WIDOWED OR DIVORCED (Write the word) Married

16 DATE OF DEATH Nov 6, 1917  
 (Month) (Day) (Year)

6 DATE OF BIRTH May 22, 1861  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 5, 1917 to Nov 6, 1917

7 AGE 56 yrs. 5 mos. 14 ds.  
 If LESS than 1 day, hrs. or min.?

that I last saw him alive on Nov 6, 1917 and that death occurred; on the date stated above, at 11:50 P.M.

The CAUSE OF DEATH\* was as follows:

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Contractor  
 (b) General nature of industry, business, or establishment in which employed (or employer) Brick work

46c Intestinal obstruction  
 22 R  
 (Duration) 101 yrs. 15 ds.

9 BIRTHPLACE (City or town, State or foreign country) England

CONTRIBUTORY (Secondary) Probable Carcinoma of intestines uncertain

10 NAME OF FATHER Thos. Strington

(Signed) J. J. McHarris M. D.

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) England

(Address) 307 1/2 Lucas av. Nov 7, 1917

12 MAIDEN NAME OF MOTHER Do not know

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) England

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) James A. Stambury  
 (Address) 5919 Clavers Ave

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

At place of death yrs. 2 mos. 2 ds. In the 35 yrs. mos. ds.  
 Where was disease contracted if not at place of death? St. Louis

Former or usual residence Howes M<sup>c</sup> Graceless Hospital

15 Filed NOV -7 1917 May 6 Starkloff Registrar

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
 St. Louis 11/9/17

20 UNDERTAKER ADDRESS  
 M. H. Alexander 2835 Olive

# 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*, *Composer*, *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 child-birth 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.)