

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

**1 PLACE OF DEATH**

County.....  
Township.....  
or  
Village.....  
or  
City St Louis Mo.

Registration District No. 791  
Primary Registration District No. 1008

File No. 43501  
Registered No. 12390

(NO. Mullamphy Hosp St.; M Ward)

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

**2 FULL NAME** Lawrence Addison

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

**16 DATE OF DEATH** December 28, 1917  
(Month) (Day) (Year)

**6 DATE OF BIRTH** March 8, 1900  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY, that I attended deceased from** Dec 28, 1917, to Dec 29, 1917,  
that I last saw him alive on December 24, 1917,  
and that death occurred; on the date stated above, at 6:30 p.m.

**7 AGE** 17 yrs. 9 mos. 21 ds.  
If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH was as follows:  
Septic Peritonitis  
121A  
124  
117  
(Duration) yrs. mos. ds.

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

**CONTRIBUTORY** Suppured Gangrenous Appendicitis  
(Secondary) (Duration) yrs. mos. ds.  
(Signed) E. M. Linn, M. D.  
12-31, 1917 (Address) 3837 Lee

**9 BIRTHPLACE** (City or town, State or foreign country) Joplin Mo.

**10 NAME OF FATHER** Robert Addison

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

**12 MAIDEN NAME OF MOTHER** Florence Mosier

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

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

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**

**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 1467 Arlington Ave

(Informant) Florence Addison  
(Address) 1647 Arlington Ave

**19 PLACE OF BURIAL OR REMOVAL** Richland Mo. **DATE OF BURIAL** 1/1/1918

**15** Filed DEC 31 1917 Mar C Starkoff  
1917 Registrar

**20 UNDERTAKER** Wm Umbroster and Co **ADDRESS** 4234 Manchester Ave

# 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 "Asthma," "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.)