I PLACE OF DEATH County James (A) Township And Primary Registration District No. 157 B Registrated No. 10 City (NO. 81: Word) File No. 24 9635. Primary Registration District No. 157 B Registrated No. 10 City (NO. 81: Word) FULL NAME Adhorma Beeklas FULL NAME Adhorma Beeklas FULL NAME (Alcohomo And County) PERSONAL AND STATISTICAL PARTICULARS OGAT OF BIRTH ACCOUNTY (Word) FOR (Michael) FOR (Michae		LOCAL REGISTRAR'S R	BCORD—DO NOT TEAR EEAF OUT
Township	Con-	ginaches Co	BUREAU OF VITAL STATISTICS
City (NO St. Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS A COLOR OR RACE SAINGLE MARKED WINDOWS (Midel) O DATE OF BIRTH A COLOR OF RACE SAINGLE MARKED WINDOWS (Midel) O DATE OF BIRTH (Month) FOR SAINGLE MARKED WINDOWS (Midel) O DATE OF BIRTH (Month) FOR SAINGLE MARKED WINDOWS (Midel) (Month) (Mo	Town	nahip All Momoc Registration Distric	5757 3 /1
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Filed March 2161 8. D. B. Campbell M. 20 UNDERTAKER & ADDRESS	ni)	COOL 9110000 91100	usual residence
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Registered No.	Primary Registration District No.	Village or
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CERTIFICATE OF DEATH		County

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	CERTIFICATE OF DEATH
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(NO	
-ULL NAME	give fts NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE MARRIED	16 DATE OF DEATH
OR CIVORED (Write the word)	(Month) (191
OF BIRTH	17 I HEREBY CERTIFY, that I attended deceased from
$(Month) \qquad (D_h y) \qquad (Y_{ext})$	
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1 day,hrs. or. min.?	, i
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6 DATE OF BIRTH		17 I HEREBY CERTIFY, that I atter
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8 OCCUPATION (a) Trade, profession, or particular kind of work		And CAUDE OF DEATH" was as follows:
(b) General nature of industry business, or establishment in		
which employed (or employer)		
BERTHPLACE		

(City or town, State or foreign country)

10 NAME OF FATHER

	(Duration)yrsmosds.	ONTRIBUTORY (Secondary)	(Duration)vrs
		ONTRIBUTO (Secondary)	***************************************

(Address)	*State the Disosse Causing Death, or, in deaths from Violent (1) Means of Injury; and (2) whether Accidental, Buicidal or	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, or Recent Residents)	In the State Trans
191	*State the Disoase Causir (1) Means of Injury; and (2)	18 LENGTH OF RESIDENCE or Recent Residents)	At place of deathyrsmosds.

(Signed)....

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

12 MAIDEN NAME OF MOTHER

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aths from Violent Causes, state ttal, Suicidal or Homicidal	', Institutions, Transients,	In the Stateyrsmosds.
(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 deathyrsmosds. Stateyrsmosds. Where was disease contracted if not at place of death?

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or Hospitals,	In theds. State		
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)	At place of deathyrsmosds. Where was disease contracted	if not at place of death?	romar or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)....

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

	DATE OF BURIAL	191
romer or usual residence	19 PLACE OF BURIAL OR REMOVAL	

ADDRESS

20 UNDERTAKER

Registrar

Filed....., 191....,

MISSOURI STATE BOARD OF HEALTH **BUREAU OF VITAL STATISTICS** REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY CERTIFICATE OF DEATH COMPLETED AS PRESCRIBED BY Village Primary Registration District No. (If death occurred in a hospital or institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SRINGLE 4 COLOR OR RACE 3 SEX MARRIED WIDOWED OR DIVORCED (Month) (Day) (Year) 6 DATE OF BIRTH BY CERTIFY, that I attended deceased from (Day) (Year) If LESS than 7 AGE 1 day,....hrs or.....min.? (a) Trade, profession, or particular kind of work. (b) General nature of industry businessfor establishment in which employed (or employer) 9 BIRTHPLACE (City or town, State or foreign country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (City or town, State or foreign count (Address)..... 12 MAIDEN NAME OF MOTHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, 13 BIRTHPLACE OF MOTHER or Recent Residents) (City or town, State or foreign country) In the State.....yrs.....mos if not at plage of death?..... usual residence..... 15 Registrar Original file, date.... All information called for must be written on this Supplementary Certificate.

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);

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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), 29ds.: 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 or 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.)