WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

10454

1 PLACE OF DEATH

County: St. Louis

Township or Village or City: Carondelet / Koch, Mo.

Registration District No. 1123 File No.

Primary Registration District No. 6248 B Registered No. 177

(No. Robert Koch Hospital St. Ward)

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

2 FULL NAME Larnell Bouram

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: June (Month) 5th. (Day) 1897 (Year)

7 AGE: 20 yrs. 9 mos. 10 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry business, or establishment in which employed (or employer): Not Known

9 BIRTHPLACE (City or town, State or foreign country): Mississippi

PARENTS

10 NAME OF FATHER: Hiram Bouram

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

12 MAIDEN NAME OF MOTHER: Dora Meyers

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Koch Hospital Records
(Address) Koch, Mo.

15 Filed March 17 1918 L. C. Obrock Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 15th. (Day) 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from March 9th. 1918 to March 15th. 1918 that I last saw him alive on March 15th. 1918 and that death occurred, on the date stated above, at 11-15 P.M.

The CAUSE OF DEATH* was as follows:

1. Pulmonary Tuberculosis
2. 23 A

(Duration) yrs. 2 mos. 6 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) L. O. Hamilton M. D.
March 15th 1918 (Address) Koch, Mo.

*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, or Recent Residents)
At place of death yrs. mos. ds. In the State 5 yrs. 6 mos. ds.
Where was disease contracted if not at place of death? St. Louis, Mo.
Former or usual residence 3119 Lucas Ave., St. Louis, Mo.

19 PLACE OF BURIAL OR REMOVAL: Memorial Cem. DATE OF BURIAL: March 17 1918

20 UNDERTAKER: Watson & White ADDRESS: 4609 W. Easton

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 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.)

MISSOURI STATE BOARD OF HEALTH

1 PLACE OF DEATH: County, Town, City, Ward, Street, No.

2 SEX: Male, Female

3 COLOR OR RACE: White, Negro, Mulatto, Indian, Other

4 CIVIL CONDITION: Married, Widowed, Divorced, Single

5 DATE OF DEATH: Month, Day, Year

6 AGE: Years, Months, Days

7 OCCUPATION: (a) Trade, profession, or particular kind of work; (b) General nature of industry, business, or establishment in which employed (or employer); (c) Name of employer

8 BIRTHPLACE: (City or town, State or country)

9 NAME OF FATHER

10 BIRTHPLACE OF FATHER: (City or town, State or country)

11 MAIDEN NAME OF MOTHER

12 BIRTHPLACE OF MOTHER: (City or town, State or country)

13 I HEREBY CERTIFY, THAT I ATTENDED DECEASED THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE, THAT I SAW HIM/HER ALIVE ..... 19..., AND THE CAUSE OF DEATH AS STATED ABOVE IS ASSIGNED FOR THE FOLLOWING REASONS: (Information) ..... (Address) ..... Filed ..... Registrar

14 DATE OF BURIAL ..... 19..

15 PLACE OF BURIAL

16 UNDERTAKER

17 ADDRESS

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