

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

1 PLACE OF DEATH

County

Township

or Village

or City *St. Louis*

Registration District No. **101**

File No. *10613*

Primary Registration District No. **1003**

Registered No. **2348**

(No. *5181 Bates Ave* St. *78* Ward)

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

2 FULL NAME *Robert Paul Dailey*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *June 1 1913*
(Month) (Day) (Year)

7 AGE *5 yrs 1 mos 3 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) *St. Louis Mo*

10 NAME OF FATHER *Wm F. Dailey*

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *St. Louis*

12 MAIDEN NAME OF MOTHER *Maud Hatton*

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *St. Louis*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *R. P. Dailey*
(Address) *5181 Bates Ave*

15 *Mar 8 Starbuck*
Filed *4 10 1918* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 3 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Feb 27 1918* to *March 3 1918* that I last saw him alive on *March 3 1918* and that death occurred on the date stated above, at *4:30 p.m.*

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
10th 110th 9th
(Duration) yrs. mos. *5* ds.

CONTRIBUTORY (Secondary) *ant. pleurisy*
(Duration) yrs. mos. ds.
(Signed) *Wm Langan Jr* M. D.
Mar 3 1918 (Address) *5803 Plymout, 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 yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence.

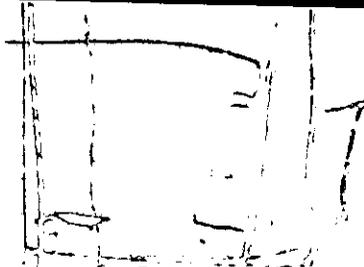
19 PLACE OF BURIAL OR REMOVAL *Calvary* DATE OF BURIAL *Mar 4th 1918*

20 UNDERTAKER *Lynch Gully* ADDRESS *4222 Olive*

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]



It is important that the relative frequency of occupations can be known. The general classification of occupations, irrespective of a single occupation, on the 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*, *Foreman in Z...*, 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; 8 yrs.)*. For persons who have no occupation whatever, write *None*.

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 childbirth or miscarriage, as "PUERPERAL *septicæmia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY, or the nature of the SURFACE OF BLOW, CUT, or other injury, if it is a solid object, or the nature of the injury, if it is a liquid or gas. For deaths due to poisoning, state the name of the poison, if known, and the quantity, if known. For deaths due to suffocation, state the nature of the suffocation, if known, and the quantity, if known. For deaths due to asphyxiation, state the nature of the asphyxiation, if known, and the quantity, if known. For deaths due to drowning, state the nature of the drowning, if known, and the quantity, if known. For deaths due to other causes, state the nature of the cause, if known, and the quantity, if known. (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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*, *peritonæum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin; "Cancer" is less definite; avoid