

1 PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County

Township

or

Village

or

City *St Louis* (NO. *1709 NO. 10th* St., *4* Ward)Registration District No. *791*File No. *1001*Primary Registration District No. *1003*Registered No. *2777*

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

2 FULL NAME

Rosie Lee Griffin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Female

4 COLOR OR RACE

Caucas

5 SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

Single

6 DATE OF BIRTH

Mar 12 1907
(Month) (Day) (Year)

7 AGE

11 yrs. *1* mos. *1* ds.If LESS than
1 day, hrs.?
or min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

school girl

(b) General nature of business, or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country)

Miss

10 NAME OF FATHER

Adison Griffin

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Miss

12 MAIDEN NAME OF MOTHER

Patsy Tennott

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Miss

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Patsy Griffin

(Address)

1709 NO 10th ST

15

Filed

MAR 14 1918

191

Max C. Starkeff

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

3 13 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

B/12/ 1918 to *3/13/ 1918*that I last saw *her* alive on *3/13/ 1918*and that death occurred, on the date stated above, at *1:30 p.m.*

The CAUSE OF DEATH* was as follows:

*Lobar Pneumonia**98 108*

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

(Signed) *Dr. Wm Jennings* M. D.
3/13 1918 (Address) *919 Brooklyn St.*

*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 *Laurel Miss*

19 PLACE OF BURIAL OR REMOVAL

Freiden

DATE OF BURIAL

Mar 14 1918

20 UNDERTAKER

J W Hughes

ADDRESS

2620 Louton

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 importance of various pursuits can be known. The occupation applies to each and every person, irrespective of age. For many occupations a single word or two on the first line will be sufficient, e. g., *Farmer* or *Teacher*, *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. Examples: (a) *Splanner*, (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," "Traveller," "Dealer," etc., without more precise designation, as *Day laborer*, *Farm laborer*, *Laborer—Carpenter*, 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 others, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, 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, return *None*.

Statement of cause of death.—Name, first, of 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*, *peritoneum*, 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.)