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

1 PLACE OF DEATH

County: ——

Township: ——
or
Village: ——
or
City: Little Sisters of the Poor, 2209 Hebert St. St. Louis (Ward)

Registration District No. 791 File No. 1135
Primary Registration District No. 1003 Registered No. 3161

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

2 FULL NAME Ann Flannigan

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widowed

6 DATE OF BIRTH: Unknown (Month) (Day) 1 (Year)

7 AGE: About 63 years Unknown yrs. mos. 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): Belfast, Ireland.

PARENTS
10 NAME OF FATHER: Christopher McDonald
11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Ireland.
12 MAIDEN NAME OF MOTHER: Ann O'Byrne
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Ireland.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Sr. Florence
(Address): 2209 Hebert

15 Filed: [illegible], 1918 Max C. Starkloff, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 23 (Month) (Day) 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jany 5, 1918, to March 23, 1918, that I last saw her alive on March 22, 1918, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH* was as follows:
Valv. disease of heart
9280 mitral insufficiency

79 (Duration) yrs. mos. ds.

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

(Signed) Edw Evers M. D.
March 24, 1918 (Address) 3024 N. Grand

*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 9 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: March 25th 1918

20 UNDERTAKER: Jno Collins
ADDRESS: 1039 N. Grand 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, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman*, etc. But [illegible] "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 im- [illegible] ing death), [illegible]. Never report [illegible] terminal conditions, such [illegible] omatic), [illegible] "Convulsions," [illegible] "Dropsy," [illegible] "Hemorrhage," [illegible] "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 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.)