

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.

1 PLACE OF DEATH

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

County

Township

or

Village

or

City

Registration District No. 791

File No. 18268

Primary Registration District No. 1003

Registered No. 4729

(No. 216 So. 8th Ave. St. 6 Ward)

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

2 FULL NAME

John Bowman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE Colored	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married
6 DATE OF BIRTH Dec 25 1885 (Month) (Day) (Year)		
7 AGE 32 yrs 4 mos 7 ds.		8 IF LESS than 1 day.....hrs. or.....min.?
9 OCCUPATION (a) Trade, profession, or particular kind of work Teamster (b) General nature of industry business, or establishment in which employed (or employer) City work		
10 BIRTHPLACE (City or town, State or foreign country) St. Louis Mo.		
PARENTS	10 NAME OF FATHER J. B. Bowman	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) U. S.	
	12 MAIDEN NAME OF MOTHER not known	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) not known	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Grace Jones

(Address)

216 So. 8th St.

15

Filed

MAY - 3 1916

1916

Marb Starkloff

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 2 1918 (Month) (Day) (Year)	17 I HEREBY CERTIFY that I attended deceased from April 8 May 2 1918 to May 2 1918 that I last saw him alive on April 4 1918 and that death occurred, on the date stated above, at 4:30 a.m. The CAUSE OF DEATH* was as follows: Pulmonary Tuberculosis (Duration) 78 yrs 2 mos 2 ds. CONTRIBUTORY (Secondary) (Duration) 2 yrs 2 mos 2 ds. (Signed) J. H. Moore M. D. (Address) 13 N. Franklin
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*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

Greenwood Cemetery

DATE OF BURIAL

May 4, 1918

20 UNDERTAKER

Hiram Westgate

ADDRESS

917 Chestnut 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 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 conditions such as "Fever," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "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," 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: *Struck by train*, *Drowning*, *Struck by rail*.

The nature of the disease or factors of death, and consequences of death, may be stated under the heading "Remarks." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)