## MISSOURI STATE BOARD OF HEALTH

1 PLACE OF DEATH		BUREAU OF VITAL STATISTICS
		CERTIFICATE OF DEATH
County Caspell		20568
Township Registration District		rt No.
or .		<i>'</i>
Village Primary Registration D		on District No. 302/ Registered No. 115
or Malk O.T. may 146 blog		July able to See Wand) [If death occurred in a
City I LEVY (NO. 14		hospital or institution,
	04/10.	give its NAME instead
2FULL NAME / Mullim J / Mulling of street and number.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OF, RACE SHINGLE	16 DATE OF DEATH
MIDOWED WI		June / 13 things
Male Mute (Write the word) // amed		(Month) (Day) (Year)
6 DATE OF BIRTH		17 I HEREBY CERTIFY, that I attended deceased from
Var. 1 1 1 15-8		June 13 ft 1918 to June 13th 1914
(Month) (Day) (Year)		1 10 10 10
7 AGE 1 If LESS than		that I last saw harm alive on Many 1915,
1 day,hrs.		and that death occurred, on the date stated above, at
		The CAUSE OF DEATH* was as follows:
8 OCCUPATION		July To The
(a) Trade, profession, or particular kind of work		Junes Junes
(b) General nature of industry		, 2 A-1A []
business, or establishment in which employed (or employer)		10/1/4
9 BIRTHPLACE		
(City or town, State or foreign country)		(Duration) 4.77.67 yrsmosds.
State	or coreign country flugne (v. / hursour	CONTRIBUTORY
	10 NAME OF FATHER	(Secondary)
un un	James Handley	(Duration)vrsds.
	11 BIRTHPLACE OF FATHER	(Signed) M. D.
Z.	(City or town, State or foreign country) Milen and Mile	Jun 15th, 1918 (Address) Will City Sall
PARENTS	12 MAIDEN NAME	
<u> </u>	OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
	OF MOTHER (City or town, State or foreign country)	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE ,		of deathyrsmosds. Stateyrsmosds.
(1) A. D)		Where was disease contracted if not at place of death?
(Informant)		Former or
Cal Com Loo di		usual residence
(Address) 30 may portly		,19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
15		Wild Kuse Cerry Kune 15, 1916
Out & LCB with		28 UNDERTAKER ADDRESS
Filed January 1918		TOTAL WALL STATE ALL CA

## 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, perilonaeum, 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 symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haem-orrhage," "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 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, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; 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.)