MISSOURI STATE BOARD OF HEALTH 1 PLACE OF DEATH **BUREAU OF VITAL STATISTICS** CERTIFICATE OF DEATH County etated EXACTLY. PHYSICIANS sho not statement of OCCUPATION is very in Township .. Registration District No..... Village Primary Registration District No. Registered No. III death occurred in a .9t.;.....Ward) hospital or institution, give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DSINGLE 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED Write the word) (Day) (Year) 17 6 DATE OF BIRTH that I attended deceased from (Day) ∕(Month) (Year) should be carefully supplied. AGE should terms, so that it may be properly classified. 7 AGE If LESS than 1 day,....hrs and that death occurred, on the date stated above, at. or.....min.? mos......ds 8 OCCUPATION
(a) Trade, profession, or particular kind of work.... (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (City or town, State or foreign country) (Duration)..... CONTRIBUTORY 10 NAME OF (Secondary) FATHER (Duration).....yra..... 11 BIRTHPLACE (Signed) ARENTS OF FATHER (City or town, State or foreign or (Address)... 12 MAIDEN NAME / *State the Disease Causing Death, or, in deaths from Violen Causes, state
(1) Means of Injury; and (2) whether Accidental, Buicidal or Homicidal. OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, 13 BIRTHPLACE OF MOTHER or Recent Residents) (City or town, State or foreign country At place In the of death.....yrs.....mos.....ds. State......de 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE Where was disease contracted if not at place of death?..... (Informant) usual residence..... DATE OF BURIAL 15 20 UNDERTAI ADDRESS Registrar

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 terminal conditions. such as "Asthenia," "Anaemia" (merely symptomatic), "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, telanus) 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.)

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