V. S. No. 2.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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: Clay — Registration District No.: 201 — File No.: 32296
Township: — Primary Registration District No.: 2012 — Registered No.: 72
City: Liberty Mo (No. ..., ... St. ..... Ward)

2. FULL NAME: Not named — Moore
(a) Residence. No. Liberty Mo St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10/24/18

7. AGE: — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or 30 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: —
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty Mo

PARENTS
10. NAME OF FATHER: Albert Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Liberty Mo
12. MAIDEN NAME OF MOTHER: Ethel Beal
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Liberty Mo

14. INFORMANT: Wm H Gadson
(Address): Liberty Mo

15. FILED 11/10/18 19 Wm H Gadson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/24/18, 19

17. I HEREBY CERTIFY, That I attended deceased from 11/24/18, 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth,
Mother had Influenza
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) 16
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...
(Signed) Wm H Gadson, M. D
11/10/18 19 (Address) Liberty Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Harmony — DATE OF BURIAL: 10/24/18 19

20. UNDERTAKER: Thos Boos — ADDRESS: 11/10/18

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 pneum pneumonia* ("Pneumonia," unqualified, *Tuberculosis of lungs, meninges, per Carcinoma, Sarcoma*, etc., of ..... origin; "Cancer" is less definite; avoid u for malignant neoplasms); *Measles; W Chronic valvular heart disease; Chro nephritis*, etc. The contributory (sec tercurrent) affection need not be stat portant. Example: *Measles* (disease c *29 ds.; Bronchopneumonia* (second Never report mere symptoms or termi such as "Asthenia," "Anemia" (mer atic), "Atrophy," "Collapse," "Com sions," "Debility" ("Congenital," "S "Dropsy," "Exhaustion," "Heart fai orrhage," "Inanition," "Marasmus," "Shock," "Uremia," "Weakness," definite disease can be ascertained Always qualify all diseases resulting birth or miscarriage, as "PUERPERA "PUERPERAL *peritonitis*," etc. Sta which surgical operation was unde VIOLENT DEATHS state MEANS OF INJU as ACCIDENTAL, SUICIDAL, OR HOM *probably* such, if impossible to determ Examples: *Accidental drowning; st way train—accident; Revolver woun homicide; Poisoned by carbolic acid—pr* The nature of the injury, as fracture consequences (e. g., *sepsis, tetanus*) n under the head of "Contributory." (tions on statement of cause of death Committee on Nomenclature of t Medical Association.)

NOTE.—Individual offices may add to abov able terms and refuse to accept certificates Thus the form in use in New York City stat will be returned for additional information w the following diseases, without explanation, of death: Abortion, cellulitis, childbirth, con rhage, gangrene, gastritis, erysipelas, mening necrosis, peritonitis, phlebitis, pyemia, septi But general adoption of the minimum list sug vast improvement, and its scope can be ext date.

ADDITIONAL SPACE FOR FURTHER STA BY PHYSICIAN.