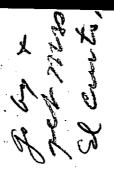
	1 PLACE OF DEATH	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS
_	Henry	CERTIFICATE OF DEATH
Con	Inty	33937
'l'ow	enship Lucion Cicion Registration Dist	rict No. 557 File No.
or		77
Villa or	age Primary Registre	stion District No
City	· ·	St.: Ward) If death occurred in
	2FULL NAME Ida Beca ta	utio Boyles hospital or institution give its NAME instern of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SHOULE MARRIED WILDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), 191 (Year
6 DAT	TE OF BIRTH Leb 17 1863	I HEREBY CERTIFY, that I attended deceased from 1915, to Clark (4, 1915)
7 AGE		that I last saw had alive on 1910
	yrs mos 9 ds 1 day; hr	and that death occurred, on the date stated above, at
(a) ^r part	CUPATION Trade, profession, or Hause Metz ticular kind of work General nature of industry World	Juflueuza :-
har-t	iness, or establishment in the employed (or employer)	- 10
(City	THPLACE or town, or foreign country) Mascoutah All.	
	10 NAME OF Caph Ino Custis	(Secondary) (Duration)
PARENTS	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	Ort 1 1915 (Address) While M. I
	12 MAIDEN NAME OF MOTHER AMANDA —	*State the Disease Causing Death, or, in death from Violent Causes, and (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicida
	13 BIRTHPLACE Madison Co. (City or town, State or foreign country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informent) MA MB, MGC		of deathyrsmosds. Stateyrsmosds Where was disease contracted if not at place of death?
/411	(Address) Clinton The	Former or usual residence
		Minton 110 Oct 10 - 1918
15	10d Oct. 10, 1018, 73, To Town	20 UNDERTAKER ADDRESS

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 relativehealthfulness 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," "Haemorrhage," "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, or 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.)