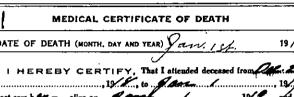
MISS	·	BOARD OF HEALTH TAL STATISTICS E OF DEATH	•
1. PLACE OF DEATH		85	224
County Buchanan Township	Primary Registration D	6. 1001	Pile No.
co St. Joseph.	917 Sixth	Avenue,	St
2. FULL NAME Martha Vall:  (a) Residence. No. 917, Sixth  (Usual place of abode)  Length of residence in city or town where death occurred	Avenue s.,	Ward.	nonresident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SING	E, MARRIED, WIDOWED OR RCED (torite the word)	16. DATE OF DEATH (MONTH, DAY	AND YEAR) YOUN. 1 C.
	gle,	17.	Y, That I attended deceased from
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		,19	to State 199



28-1914. If LESS than 1 day, .....hrs. or .....min.

CONTRIBUTORY...

(SECONDARY)

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Child. which employed (or employer).....

Missouri

None

5

DAYS

3

9. BIRTHPLACE (CITY OR TOWN) St. JOSEPh. Missouri

Lawrence Wallace 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Savannah;

12. MAIDEN NAME OF MOTHER Sylvia Hanners

20. UNDERTAKER

the Dispace Causing Draffi, or in deaths from Violent Causes, state

IF NOT AT PLACE OF DEATHT.....

(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or

HOMICIDAL. (See reverse side for additional space.) DATE OF BURIAL Jan. 3td 1919.

Sixth Avenue.

Ly S. H. Kanto.

Calon BEllow Univilo.

ADDRESS

224 S. 8th.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Be thany Missouri.

REGISTRAR

WHAT TEST CONFIRMED DIAGNOSIST

18. WHERE WAS DISEASE CONTRACTED

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemetery

6. DATE OF BIRTH (MONTH, DAY AND YEAR) T11 1 V 7. AGE YEARS Months

8. OCCUPATION OF DECEASED (a) Trade, profession, or

particular kind of work ....

(c) Name of employer

(STATE OR COUNTRY)

10. NAME OF FATHER

(STATE OR COUNTRY)

(STATE OR COUNTRY)

(b) General nature of industry.

business, or establishment in

4

PLAINLY,

information

plain

N. B.—Every item of CAUSE OF DEATH i

PARENTS

14.

15.

X E

UNFADING INK --- THIS

EXACTLY. PHYSICIANS should state tent of OCCUPATION is very important.

AGE should be classified. Exact

WRITE

## 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 factery. 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 Nane.

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

## 2? a E. Romoser M. 1782

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, 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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus;" "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Accidental drowning; struck by rail-Examples: way 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.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.