

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

98322285 64

1 PLACE OF DEATH
County Jackson
Township T. C. No. Registration District No. 399
or
Village _____ Primary Registration District No. 1002 File No. _____
or
City Academy mo (NO. Enclid 1820 St. _____ Ward _____ Registered No. _____
2 FULL NAME Evelyn Sander

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX female 4 COLOR OR RACE col 5 SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)
6 DATE OF BIRTH Nov 3 1899
(Month) (Day) (Year)
7 AGE 19 yrs. 68 mos. 1 ds. IF LESS than 1 day, _____ hrs. or _____ min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work House work
(b) General nature of industry business or establishment in which employed (or employer) # # # Home
9 BIRTHPLACE (City or town, State or foreign country) mo
PARENTS
10 NAME OF FATHER Robert Sander
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown
12 MAIDEN NAME OF MOTHER Sadie Baker
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) mo

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 July 9 1919
(Month) (Day) (Year)
17 I HEREBY CERTIFY, that I attended deceased from July 1, 1919, to July 3, 1919, that I last saw her alive on July 3, 1919, and that death occurred, on the date stated above, at 2 p. m.
The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
115
108
(Duration) _____ yrs. 4 mos. _____ ds.
CONTRIBUTORY Influenza
(Secondary) (Duration) _____ yrs. 4 mos. _____ ds.
(Signed) Dr. W. J. Murray M. D.
July 7th 1919 (Address) 1422 24th Street
*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sadie Sander
(Address) 1820 Enclid
15 Filed 7-7 1919 Ada Ermas Registrar

19 PLACE OF BURIAL OR REMOVAL Highland Cem DATE OF BURIAL July 7 1919
20 UNDERTAKER Adkins Bros ADDRESS 1600 E 19th St

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 usefulness of various pursuits can be known. The notation applies to each and every person, irrespective of age. For many occupations a single word or one on the first line will be sufficient, e. g., *Farmer*; *Teacher*, *Physician*; *Composer*, *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 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. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. 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—mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewives* who receive a definite salary), may be entered: *Housewife*, *Housework*, or *At home*, and children, gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations of persons engaged in domestic service, for example, 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 may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, return *None*.

Statement of cause of death.—Name, first, DISEASE CAUSING DEATH (the primary affection, in respect to time and causation), using always the most 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, 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," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.); "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For NON-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 head—homicide*; *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.)