MISSOURI	STATE	BOARD	OF	HEALTH
BURE	EAU OF V	ITAL STA	TIST	ICS

1. PLACE OF DEATH  Compty Milliam of Maria Particulars  Occupy Milliam of Maria Particulars  St. Word  1. PLACE OF BEATH  Occupy Milliam of Maria Particulars  Occupy Moreon Occu			TAL STATISTICS	20450		
Compty A. L. Color of Read States of Bodies St.  Personal and States of Bodies St.  S. S		CERTIFICAT	TE OF DEATH	32756		
Township	ll , , , , , , , , , , , , , , , , , ,					
Township	County Lill of Alak	Registration District	No. 1062) File No.	<b>5</b>		
City   Selection   St.   Ward   City of the state of shocks   St.   St				19		
2. FULL NAME  (a) Beddence. (b) Beddence in closed.  Legis of residence in city or town where death occurred  JT.  DOS.  J. SEX  4. COLOR OR RACE  5. SINCLE, MARRIED, WIDOWED OR DIVORCED (orner the west)  17.  18. DATE OF DEATH (MONTH, DAY AND YEAR)  17.  18. DATE OF BIRTH (MONTH, DAY AND YEAR)  18. DATE OF BIRTH (MONTH, DAY AND YEAR)  19. DATE OF BIRTH (MONTH, DAY AND YEAR)  19. COCUPATION OF DECEASED  (a) Track, profession, or periceirs kind of west  (b) General astern of industry, bediens, or establishment in  which employed (or enabyer)  (c) Name of employer  19. MAME OF FATHER (CITY OR TOWN)  19. MAME OF FATHER (CITY OR TOWN)  19. MAME OF MOTHER (CITY OR TOWN)  19. MAME OF MOTHER (CITY OR TOWN)  19. MANGE OF FATHER (CITY OR TOWN)  19. MANGE OF FATHER (CITY OR TOWN)  19. MANGE OF MOTHER (CITY OR TOWN)  10. MANGE OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. LOCAL AND		, , , , , , , , , , , , , , , , , , , ,	• , ,	7 .		
(a) Beatdonce. No. (Control place of abody) Leagth of residence in city or town where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE    S. SINGLE, MARRIED, WIDOWED ON DIVORCED (with word)   S. Ley Married, Widower, On Divorce of Control of Widower, On Divorce of Control of Widower, On Divorce of Control of Control of Widower, On Divorce of Control of Control of Widower, On Divorce of Control of	un and a comment	······································				
(a) Beatdonce. No. (Control place of abody) Leagth of residence in city or town where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE    S. SINGLE, MARRIED, WIDOWED ON DIVORCED (with word)   S. Ley Married, Widower, On Divorce of Control of Widower, On Divorce of Control of Widower, On Divorce of Control of Control of Widower, On Divorce of Control of Control of Widower, On Divorce of Control of	2 FILL NAME	Ellint	To have			
Clearly place of abode   Date   Dat	J			•		
Leagth of residence in city or town where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED OR DIVORCED (wind the word)  15. AFR MARRIED, WIDOWED, OR DIVORCED (wind the word)  16. DATE OF DEATH (MONTH, DAY AND YEAR)  17. AGE  YEARS  MONTHS  DATE  18. DATE OF DEATH (MONTH, DAY AND YEAR)  DATE  19. IN HERE BY CERTIFY, That I attended deceased from 19. In HERE BY CERTIF	(Usual place of abode)	St.,	(If nonresident give city	or town and State)		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (service the word)  15. DATE OF DEATH (WONTH, DAY AND VEAR)  15. AF MARRIED, WIDOWED, OR DIVORCED  16. DATE OF BIRTH (WONTH, DAY AND YEAR)  17. AGE  18. DATE OF BIRTH (WONTH, DAY AND YEAR)  19. DAY!  18. LESS doen 1  19. THE CAUSE OF DEATH WAS AS FOLLOWS:  18. COCUPATION OF DECEASED  (a) Trace, prefession, or periturbe with failed of work  (b) General sating of work  (c) Name of employer  (c) Name of employer  19. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INTORMANT  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  16. DATE OF BURIAL  17. AGE  18. WHERE WAS DISEASE CAVEING DEATHS, Or In deaths from Violent Causes, state  19. PLACE OF BURIAL CREMATION, OR REMOVAL  19. PLACE OF BURIAL  19. PLACE OF						
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (service the word)  15. AFT MARRIED, WIDOWED, OR DIVORCED  16. DATE OF BIRTH (MONTH, DAY AND YEAR)  17. AGE  18. DATE OF BIRTH (MONTH, DAY AND YEAR)  19. DAY!  18. LESS donn 1  19. THE CAUSE OF BIRTH WAS AS FOLLOWS:  19. THE CAUSE OF BIRTH WAS AS FOLLOWS:  11. LESS donn 1  11. LESS donn 1  12. AGE  13. OCCUPATION OF DECEASED  (a) Tride, prefession, or periturbe with failed of work  (b) General sating of inclusion, or periturbe with failed of work  (b) General sating of inclusions, or establishments in which employer  (c) Name of employer  16. DATE OF DEATH (MONTH, DAY AND YEAR)  17. I HE REBY CERTIFY, That I sitended deceased from 19.  18. WILLIAM AS ALLOWED, AS FOLLOWS:  19. JAME OF BIRTH (MONTH, DAY AND YEAR)  19. JAME OF BIRTH (MONTH, DAY AND YEAR)  10. AGE VEARS MONTHS DAY AND YEAR DA		<del></del>	1			
Divorced (contribution of Death (Months, Day and Death)  So. If Marriers, Widowers, or Divorced (contribution)  So. If Marriers, Widowers, or Divorced (contribution)  HUSBAND or (contribution)  6. DATE OF BIRTH (Months, Day and Death)  7. AGE Years Months Day II LESS chan 1 day,	PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF D	EATH .		
Divorced (consist the word)    S. If MARRIED, WIGOVED, OR DIVORCED   S. If MARRIED, WIGOVED, OR DIVORCED   O(R) WIFE OF   19   19   19   19   19   19   19   1	3. SEX 4. COLOR OR RACE   5. SINGLE	3. SEX A COLOR OR RACE   5 SINGLE MARRIED WIDOWED OR				
S. If Markers, Widower, or Divorced   S. Occupation of Deceased   Months   Days   M. LESS than 1 day, her.   S. Occupation of Deceased   S. Occupa	(i - Divor	CED (write the word).		ا از <u>کرا</u>		
SA. IF MARRIED, WIDOWED, OR DIVORCED  HUSBAND OF  (OR) WIFE OF  AGE  YEARS  MONTIS  DAYI  II LESS than 1  day, branch  Age  Branch  AGE  YEARS  MONTIS  DAYI  II LESS than 1  day, branch  Age  Branch  Branch  Age  Branch  Branch  Age  Branch  Branch  Age  Branch	traviale white as	will	N TO THE STATE OF			
HUSBAND OF  (OR) WHEE OR  (OR) WHEE OF  (OR) WHEE OR  (OR)	SA. IF MARRIED, WIDOWED, OR DIVORCED	7	11	·		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1/1/2 2 19/5  7. AGE YEARS MONTHS DAYS II LESS Chan 1 day, her.  8. OCCUPATION OF DECEASED  (a) Trace, profession, or gerticines in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  16. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  17. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  18. WHERE WAS DISEASE CONTRACTED  WAS THERE AN AUTOPYY.  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  19. MANDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE	HUSBAND of		1			
THE CAUSE OF DEATH® WAS AS FOLLOWS:  THE CAUSE OF DEATH WAS AS FOLLOWS:	(OR) WIFE OF		ii .			
7. AGE YEARS MONTHS DAY ILLESS than 1 day, bern mins.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or perficular kind of west. (b) General nature of industry, besiness, or establishment in which employed (or employer). (c) Name of employer  9. BIRTHPLACE (CITY OR YORN). (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN).  21. MAIDEN NAME OF FOTHER (CITY OR TOWN).  22. MAIDEN NAME OF MOTHER (CITY OR TOWN).  23. BIRTHPLACE OF MOTHER (CITY OR TOWN).  24. MAIDEN NAME OF MOTHER (CITY OR TOWN).  25. STATE OR COUNTRY).  26. MAIDEN NAME OF MOTHER (CITY OR TOWN).  27. BIRTHPLACE OF MOTHER (CITY OR TOWN).  28. MAIDEN NAME OF MOTHER (CITY OR TOWN).  29. STATE OR COUNTRY).  20. MAIDEN NAME OF MOTHER (CITY OR TOWN).  20. MAIDEN NAME OF MOTHER (CITY OR TOWN).  21. MAIDEN NAME OF MOTHER (CITY OR TOWN).  21. MAIDEN NAME OF MOTHER (CITY OR TOWN).  22. MAIDEN NAME OF MOTHER (CITY OR TOWN).  23. BIRTHPLACE OF MOTHER (CITY OR TOWN).  24. MAIDEN NAME OF MOTHER (CITY OR TOWN).  25. STATE OR COUNTRY).  26. MAIDEN NAME OF MOTHER (CITY OR TOWN).  27. MAIDEN NAME OF MOTHER (CITY OR TOWN).  28. MAIDEN NAME OF MOTHER (CITY OR TOWN).  29. MAIDEN NAME OF MOTHER (CITY OR TOWN).  20. MAINS AND NATURE OF INJURY, and (2) whether Accromental, Brichall, or Househall, Or Househ		*	death occurred, on the date stated above, at			
8. OCCUPATION OF DECEASED  (a) Trade, profession, or perficition werk  (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)  10. NAME OF FATHER GITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (SECONDARY)  (SECONDA	6. DATE OF BIRTH (MONTH, DAY AND YEAR) Ma.	<u> </u>	THE CAUSE OF DEATH+ WAS AS FOLLOWS:	,		
8. OCCUPATION OF DECEASED  (a) Trade, profession, or perticular 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)  10. NAME OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE	7. AGE YEARS MONTHS DAYS		ile estate about	In little		
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) Geocral nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (city or town)  (STATE OR COUNTRY)  10. NAME OF FATHER (city or town)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (city or town)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (city or town)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (city or town)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  14. INFORMANT  (STATE OR COUNTRY)  (STATE OR	. ,   /   /	day,bra.	his his har har the cities he has he best he best he had best he had best he	blanbefrtartalatilatiatiati.		
(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)  10. NAME OF FATHER G.	4 6 1 1	<i>→</i>   <u>or</u>	laft in fold (1) to let the let the det	Le Il ille		
(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)  10. NAME OF FATHER G.	A OCCUPATION OF DECEASED		Lotinain and 1	in a 3.		
particular kind of work  (b) General nature of industry, business, or establishment in which employer (or employer  9. BIRTHPLACE (city or town)  (STATE OR COUNTRY)  10. NAME OF FATHER (city or town)  11. BIRTHPLACE OF FATHER (city or town)  12. MAIDEN NAME OF MOTHER (city or town)  13. BIRTHPLACE OF MOTHER (city or town)  14. INFORMANT  (STATE OR COUNTRY)  15. FILED A 2. 19 1 A A THE STATE AND THE CITY OR TOWN)  16. WHERE WAS DISEASE CONTRACTED  17. WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  18. WHERE WAS DISEASE CONTRACTED  19. NAME OF FATHER (city or town)  10. NAME OF FATHER (city or town)  11. BIRTHPLACE OF FATHER (city or town)  12. MAIDEN NAME OF MOTHER (city or town)  13. BIRTHPLACE OF MOTHER (city or town)  14. INFORMANT  (Address)  15. FILED A 2. 19 1 A A THE STATE AND THE CALL A COUNTRY  16. WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  17. WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  18. WHERE WAS DISEASE CONTRACTED  19. NAME OF DEATHY.  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  19. (Address)  10. MEANS AND NATURE OF INJURY, and (2) whether Accidental, Britishal, City or town)  10. MEANS AND NATURE OF INJURY, and (2) whether Accidental, Britishal, City or town and the city or tow			1 7			
(c) Name of employee  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  (STATE OR COUNTRY)  15. INFORMANT  (Address)  16. WHERE WAS DISEASE CONTRACTED  17. WHAT TEST CONFIRMED DIAGNOSIST  (Signed)  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  19. NOT AT PLACE OF DEATH!  DATE OF  WAS THERE AN AUTOPSY!  WHAT TEST CONFIRMED DIAGNOSIST  (Signed)  19. PLACE OF BURIAL, Or in deaths from Violent Causes, state  (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, OF  (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, OF  (Address)  10. NAME OF FORTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COU			(dardien)	yrsds.		
business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER C.	l .	Α.	CONTRIBUTORY	•		
which employed (or employer) (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  10. NAME OF FATHER G.		1,	(SECONDARY)	***************************************		
9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (State OR COUNTRY)  (Signed)  *State the Disease Caubing Drath, or in deaths from Violent Caubing, state (I) Means and Nature of Injury, and (2) whether Accidental, or Howicibal. (See reverse side for additional space.)  14. Informant  (Address)  15. FILED 17 27 19 1.57.  (STATE OR COUNTRY)  16. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH!  WAS THERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH!  WAS THERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH!  WAS THERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH!  WAS THERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH!  WAS THERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH!  WAS THERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH!  WAS THERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH!  WAS THERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH!  WAS THERE WAS DISEASE CONTRACTED  WAS THE WAS DISEASE CONTRACTED		, 		VTL Doe de		
9. BIRTHPLACE (CITY OR TOWN)	(c) Name of employer	•		,		
(STATE OR COUNTRY)  10. NAME OF FATHER G.		- <del> </del>	18. Where was disease contracted	* * * * * * * * * * * * * * * * * * * *		
(STATE OR COUNTRY)  10. NAME OF FATHER G	9. BIRTHPLACE (CITY OR TOWN)	e Train Illa	IF NOT AT PLACE OF DEATH)			
10. NAME OF FATHER & Control of Country of Town)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER CONTROL OF TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  15. INFORMANT  16. CARD  17. CARD  18. CARD  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLACE OF BURIAL CREMATICAL CREMATION, OR REMOVAL  19. PLACE OF BURIAL CREMATICAL CREMATION, OR	(STATE OR COUNTRY)		· • • • • • • • • • • • • • • • • • • •			
WAS THERE AN AUTOPSYT.  11. BIRTHPLACE OF FATHER (CITY OR TOWN).  12. MAIDEN NAME OF MOTHER (CITY OR TOWN).  13. BIRTHPLACE OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. FILED 12. 19. 19.  (Address)  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed).  19. (Address)  *State the Disease Causing Drate, or in deaths from Violent Causes, state  (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence, Stricted (1) Means and Natures of Injury, and (2) whether Accordence (1) Means and Natures of Injury, and (2) whether Accordence (1) Means and Natures (1) M			DID AN OPERATION PRECEDE DEATH? DATE OF			
11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (SO TEVERS BIG FOR Additional space.)  14.  INFORMANT  (Address)  15.  FILED  (1)  (ADDRESS  (ADDRESS)  20. UNDERTAKER  ADDRESS	10. NAME OF FATHER Edd Totiones.		WAS THERE AN AUTOPSYT.			
(STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (Signed)  14. INFORMANT  (STATE OR COUNTRY)  (Signed)  (Signed)  (Address)  *State the Disease Causing Drate, or in deaths from Violent Causin, state (1) Means and Nature of Injury, and (2) whether Accordingly, or Homocral. (See reverse side for additional space.)  14. INFORMANT  (Address)  15. FILED  (STATE OR COUNTRY)  (Signed)  (Name and Drate, or in deaths from Violent Causin, state (1) Means and Nature of Injury, and (2) whether Accordingly, or Homocral. (See reverse side for additional space.)  14. INFORMANT  (Address)  15. FILED  (Address)  20. UNDERTAKER  ADDRESS	2.1.1.1.1		h			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (Address)  14. INFORMANT  (Address)  15. FILED  17. 18. (Address)	11. BIRTHPLACE OF FATHER (CITY OR TOWN)		1	······································		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (Address)  14. INFORMANT  (Address)  15. FILED  17. 18. (Address)	Z (STATE OR COUNTRY) /1-7 0		(Signed)	LOT H.D		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (SEE TOWNS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal. (See towerse side for additional space.)  14. INFORMANT  (Address)			1	, ==-, =		
(STATE OR COUNTRY) (STAGE OF COUNTRY) (See reverse side for additional space.)  14. INFORMANT (Address)  15. FILED (1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	a 12 MAIDEN NAME OF MOTHER COTA JELLICA					
14. INFORMANT (Address)  15. FILED 12. 19. 19. C. A. T. J. C. L. L. C. C. C. T. L. C. L. C. T. C. L. C. L. C. T. L. C. L. C. T. L. C. L. C. T. C. L. C. T. C. L. C. L. C. L. C. T. C. L. C. L. C. L. C. L. C. T. C. L. C	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)					
14. INFORMANT Address 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 15. PLED 12. 19. 19. 19. 20. UNDERTAKER ADDRESS ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ACCIDENTAL, BUICIDAL, OF		
INFORMANT (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  15. FILED 12.7.19.19.  ADDRESS  ADDRESS	1 177 200	0				
15. FRED. 11.2. 19.19. Cas The sult last 20. UNDERTAKER ADDRESS ADDRESS			19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL		
15. FUED 112.19.19. Cas The state Lagrin 20. UNDERTAKER ADDRESS			1.0.6	10.		
FRED. 12.19.19. ( A. Leitel Classia) 20. ONDERIANER	- VAXAIM P	each ma	Tit Livery Lours	1160 7 19 3		
REGISTRAN ! D. J. P. Lel Bucklan	13 - 1117 Sta (1-10 71)	o estalami	20. UNDERTAKER	ADDRESS		
i V III All Participation	FILED. R. f. L. Co., 19 f. J	REGISTRAN	115 1100 1.	Buckhan		
	' V		" V Jr. (J. All)	1.2000		

## 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 Scrvant, 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, 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 ascortained 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. 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 Nomendature 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, celluitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, 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.