

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38306-02

~~34908~~

1. PLACE OF DEATH

County St. Louis
Towship St. Louis No. 10
City St. Louis

Registration District No. 701
Primary Registration District No. 008

File No. 10954
Registered No. 10954
St. 17 Ward

2. FULL NAME

(a) Residence No. 5248 Phoenicia Ward 17
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harvey S. Gibbon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/27/1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 10 3

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

10. NAME OF FATHER Frank Johnson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Madame Hatfield

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Bertha Gibbon
(Address) 5648 Phoenicia Ave

15. FILED DEC 31 1919 Maub Starckoff
REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1919

17. I HEREBY CERTIFY, That I attended deceased from Dec 22 1919, to Dec 29 1919, (that I last saw her alive Dec 28 1919, and that death occurred, on the date stated above, at 2:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular Peritonitis

(duration) 7 yrs. 1 mos. 14 ds.

CONTRIBUTORY (SECONDARY) Tuberculosis of bowels
(duration) 5 yrs. 9 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: St. Louis, Mo.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 28

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Microscopical
(Signed) E. M. ... M. D.

Dec 29, 1919 (Address) Metropolitan
*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 Yachata Cem DATE OF BURIAL 1/2 1920

20. UNDERTAKER M. H. Alexander ADDRESS 2835 Olive

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.

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

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, 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

ture of the business or industry, additional line is provided for the should be used only when needed.

Spinner, (b) Cotton mill; (a) Sales-

(a) Foreman, (b) Automobile fac-

worked on may form part of the

Never return "Laborer," "Fore-

"Dealer," etc.; without more

on, as Day laborer, Farm laborer,

on, as Day laborer, Farm laborer,

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 occu-

pation at beginning of illness. If retired from busi-

ness, that fact may be indicated thus: *Farmer (re-*

tired, 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; Broncho-pneumonia* ("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 child-birth 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 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.)

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.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

ALL INFORMATION

DEC 30 1945