MISSOURI STATE	
The state of the s	TE OF DEATH
1. PLACE OF DEATH	234
County Registration District Township, Primary Registration	: : : : : : : : : : : : : : : : : : : :
Jan Cambin Panil No	negistered 700.
16 16	Coll -
(a) Residence to Carolina Dicka S	
(Usual place of abode) Length of residence in city or town where death occurred yes. mos	(If nonresident give city or town and Stades, das. How long in U.S., if of foreign birth? yrs. mos.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLORIOR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) /- 10
Terri Manni	17.
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF	,19.69, 10-1-20
IN sansas Co Bell	that I last saw harm alive on 19/9 death occurred, on the date stated above, at 3
6. DATE OF BIRTH (MONTH, DAY AND YEAR) (O.A. 10 - 18 41	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE YEARS MONTHS DAYS H'LESS than 1' day,	Chronic Branchitis
7 18 3 10 =	
8. OCCUPATION OF DECEASED	92 K / U
(a) Trade, profession, or	1110 A (duration) 30 vm
particular kind of work  (b) General nature of industry,	CONTRIBUTORY Valrina hiort disea
husiness, or establishment in which employed (or employer)	(SECONDARY)
(c) Name of employer	(duration) 773. mos.
9. BIRTHPLACE (CITY OR TOWN)	18. WHERE WAS DISEASE CONTRACTED
(STATE OR COUNTRY) ( ) KOTTOS ( TODA)	IF NOT AT PLACE OF DEATHY
10. NAME OF FATHER	DATE OF
L. T.	WAS THERE AN AUTOPSYT.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIMENOSIS
	(Signal) W. M. Maller
12 MAIDEN, NAME OF MOTHER MILES	1 - 197 (Address) Campin Paint M
13. BIRTHPLACE OF MOTHER (CITY OF TOWN)	*State the Disease Causing Drath, or in deaths from Violent Causi (1). Means and Nature of Indust, and (2) whether Accidental, Suice
14 = Was A Cl Coo Oll	HOMICIDAL (See reverse side for additional space.)
INFORMANT	19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BU
(Address) of ton a down from A. J.)	Miasonia Caro 1/28
15. Fried 19	20-UNDERTAKER ADDRESS
REGISTRAR	DED AN THE COMMENT

## 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 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

"Tyr hoid 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 noeplasms); 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. For VIOLENT DEATHS state MEANS OF INJURY and qualify AS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 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.)

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.

1. PLACE OF PERTY IN COUNTRY)  1. PLACE OF PERTY SECTION OF DECEASED  (a) Trade, protection, or particular liability of work protection, or particular liability or protection, or particular liability, protection, protection liability, protection, or particular liability, protection, protection liability, protection, pro			TAL, STATISTICS .		
PERSONAL AND STATISTICAL PARTICULARS  3. SPA 4. COLOR OR RACE S. SINCLE, MARRIED. WIDOWID OR DOWNERD OF HUNDRED OF MONTHS OF BRITTH (MONTH, DAY AND YEAR)  7. AGE YEARS MONTHS DAYS ILLESS than I day, min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or perfecular kind of work  (b) General native of industry, besiness, or establishment in which employed (or employer)  (c) Name of employers  10. NAME OF FATHER  11. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF FATHER TITLE OWN)  (STATE OR COUNTRY)  14. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  15. DAYS OF BIRTH (MONTH)  (STATE OR COUNTRY)  16. MARIE AN AUTOWITE  17. LESS than I day, more perfecular kind of work  (Abdress)  18. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF BEATH. DAYS OF MOTHER  19. MARIE AN AUTOWITE  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. MAINS AND NATURE OF LIGHTAN, OR REMOVAL  15. DATE OF DURY.  16. DATE OF DURY.  17. J.	s profes or Marie	CENTIFICAT	2 OF 52AIN		, , ,
Primary Registration District No	Hall		691	man Mark	•
2. FULL NAME  (a) Residence. No.  (b) Residence. No.  (c) Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SM.  4. COLOR OR RACE  5. SINCE, Married, Wildowed, or Divorced Divorced Color of the word)  5. If Married, Wildowed, or Divorced Color of the word)  5. A. If Married, Wildowed, or Divorced Color of the word)  5. A. If Married, Wildowed, or Divorced Color of the word)  5. A. If Married, Wildowed, or Divorced Color of the word)  5. A. If Married, Wildowed, or Divorced Color of the word)  5. A. If Married, Wildowed, or Divorced Color of the word)  5. A. If Married, Wildowed, or Divorced Color of the word)  5. A. If Married, Wildowed, or Divorced Color of the word)  5. A. If Married, Wildowed, or Divorced Color of the word)  5. A. If Married, Wildowed, or Divorced Color of the word)  5. A. If Married, Wildowed, or Divorced Color of the word)  5. A. If Married, Wildowed, or Divorced Color of the word)  6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. AGE YEARS Months DAYS II LESS than I day, min the Color of the word of the					
2. FULL NAME  (a) Residence No.  (Usual place of abode)  Length of residence in city or town where death occurred  yrs.  PERSONAL AND STATISTICAL PARTICULARS  3. SPA  4. COLOR OR RACE  5. SINGLE, MASRIED, WIDOWED OR DIVORED  (OR) WIFE OF  6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. ACE  YEARS  MONTHS  DATS  11 LESS than 1 day, bridge profession, or particular kind of work and of work.  (a) Trade, profession, or particular kind of work and of work.  (b) General nature of industry, beaties, or catablishment to which camployed (or employer).  (c) Name of employer  10. NAME OF FATHER  11. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INDOMANT  (Address)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Massian)  16. DATE OF BURIAL, CREMATION, OR REMOVAL  17. INDOMANT  18. Ware was diseased observed.  (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIALS.  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIALS.  16. DATE OF BURIALS.  17. HE R E B  DATE OF BURTH  DATE	Churcher oux	<u>.</u>		• •	
(a) Residence No. (Unual place of abode)  Length of residence in city or town where death accurred yra. mos.  PERSONAL AND STATISTICAL PARTICULARS  3. SM	News O	VIII Bu	//	SL	
PERSONAL AND STATISTICAL PARTICULARS  3. SST. 4. COLOR OR RACE S. SIRELE, MARRIED, WIDOWED OR DIMMERS OF COTTY The word)  5. If MARRIED, WIDOWED, OR DIVORCED (Gray the word)  6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. AGE YEARS MONTHS DATS II LESS than I day, brance or particular kind of work  (b) General nature of industry, beauties, or establishment to which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER TITLE OF TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF FATHER TITLE OF TOWN)  (STATE OR COUNTRY)  14. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  15. DATE OF DEATH (MORTH, DAY AND YEAR)  16. DATE OF DEATH (MORTH, DAY AND YEAR)  17. I HE R E B SERT I F (MORTH (MORTH) AND AND YEAR)  18. WHERE WAS DISEASE CONTRACTED  19. NOT AT PLACE OF DEATH.  CONTRIBUTORY.  (SECONDARY)  19. NAME OF FATHER TITLE OF MOTHER  (STATE OR COUNTRY)  10. NAME OF FATHER TITLE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  (STATE OR COUNTRY)  13. WHERE WAS DISEASE CONTRACTED  14. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  15. DATE OF DEATH (MORTH, DAY AND YEAR)  16. DATE OF DEATH (MORTH, DAY AND YEAR)  17. I HE R E B SERT I F (MORTH, DAY AND YEAR)  18. WHERE WAS DISEASE CONTRACTED  19. NOT AT PLACE OF DEATH.  DID AN OPERATION PRECEDE DEATH.  DID AN OPERATION PRECEDE DEATH.  WAS THERE AN AUTOPSY!  WHAT YEST CONFIRMED DIAGNOSIST.  (SIGNAL)  (SIGNAL)  (SIGNAL)  (SIGNAL)  (SIGNAL)  (MAINS AND NATURES OF INTURE, and (2) whether ACCIDANYAL, BOHTOM (ADMIT)  (Address)  14. MEDICAL CREMT OF DEATH (MORTH)  15. DATE OF DEATH (MORTH)  16. DATE OF DEATH (MORTH)  17. I HE R E B SERT I F (MORTH)  18. WHERE WAS DISEASE CONTRACTED  19. MAIN TEST CONFIRMED DIAGNOSIST.  (SIGNAL)  (SIGNAL)  (SIGNAL)  (SIGNAL)  (MAINS AND NATURES OF INTURE, and (2) whether ACCIDANYAL, BOHTOM (ADMIT)  (MAINS AND NATURES OF INTURE, and (2) whether ACCIDANYAL, BOHTOM		my 100			
PERSONAL AND STATISTICAL PARTICULARS  3. SIMPLE ACCOUNTRY)  4. COLOR OR RACE S. SINGLE, MARRIED, WILDOWED OR DIMBORD (arrige the word)  5. A I'M MARRIED, WILDOWED, OR DIVORCED (17) I'M ER R E B	(a) Residence. No	Si.,	• .		r town and State)
3. SPAN ALCOLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVERSOR (crip* the word)  5A. If MARRIED, WIDOWED, OR DIVORCED (USAN) OF CRIP* (CRIP* the word)  5A. If MARRIED, WIDOWED, OR DIVORCED (USAN) OF CRIP* (CRIP* the word)  5A. If MARRIED, WIDOWED, OR DIVORCED (USAN) OF CRIP* (CRIP* CRIP* CRIP	Length of residence in city or town where death occurred	yrs. mos.	ds. · How long in U.S.	, if of foreign birth? y	78. E103.
DIMENSIPO (series the word)  5. If Marking, Widowed, or Divorced (loss) and the word of the word)  5. If Marking, Widowed, or Divorced (loss) and the word of the	PERSONAL AND STATISTICAL PART	ICULARS ,	MEDICAL	CERTIFICATE OF DE	ATH
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. AGE YEARS MONTHS DATS II LESS than I day, briefly the chipdren of the date above, st.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular hind of work. (b) General nature of industry, besiness, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  14. INFORMANT (CSTATE OR COUNTRY)  15. PLACE OF BURNAL, CREMATION, OR REMOVAL DATE OF BURNAL (Address)  16. DATE OF BURNAL (CITY OR TOWN) (STATE OR COUNTRY)  17. HERE B LERT I F. Data I stiended deceased from		MARRIED, WIDOWED OR	16. DATE OF DEATH (MORTH	DAY AND YEAR	_ 37 - 19
SA. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OR (OR) WIFE	111 111	<b>h</b> "/" i	17.	A July	
HUSBAND OF  (OR) WHE OF  (OR) WHE OF  (OR) WHE OF  (OR) WHE OR  (OR) WHE OF  (OR) WHE OR  (OR) WHE  (OR) WHE OR  (OR) WHE	SA. IF MADRIED WIDOWED OR DIVORCED	/ V	I HEREB	干1 F√、及mt I attended de	ceased from
death occupred on the date stated above, st	HUSBAND OF	,	4.474		
7. AGE YEARS MONTHS DAYS II LESS than 1 days					
7. AGE YEARS MONTHS DAYS II LESS than I day, here or min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, besiness, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER  11. BIRTHPLACE OF FATHER  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. WHERE WAS DISEASE CONTRACTED  WAS THERE AN AUTOPSYL.  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. WHERE WAS DISEASE CONTRACTED  WAS THERE AN AUTOPSYL.  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  DAT	6. DATE OF BIRTH (MONTH, DAY AND YEAR)	. <u>.</u>	1 11 1		
8. OCCUPATION OF DECEASED  (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  11. BIRTHPLACE OF FATHER  11. BIRTHPLACE OF FATHER  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  14. MAIDEN NAME OF MOTHER  15. BIRTHPLACE OF MOTHER  16. MAIDEN NAME OF MOTHER  17. (Signed)  18. WHERE WAS DISEASE CONTRACTED  19. MAIDEN NAME OF MOTHER  11. BIRTHPLACE OF MOTHER  11. BIRTHPLACE OF MOTHER  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  14. (State or country)  15. MAINS AND NATURS OF INJURY, and (2) whether Acceptances also for additional space.)  16. MAINS AND NATURS OF INJURY, and (2) whether Acceptances also for additional space.)  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BUR  DAT	7. AGE YEARS MONTHS DAYS		$\rightleftharpoons$		
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  11. BIRTHPLACE OF FATHER  11. BIRTHPLACE OF FATHER  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (city or town).  (STATE OR COUNTRY)  14. INFORMANT  (STATE OR COUNTRY)  15. WHERE WAS DISEASE CONTRACTED  16. WHERE WAS DISEASE CONTRACTED  17. IF NOT AT PLACE OF DEATH?.  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed).  (Signed).  *State the Dissalas Causing Deates, or in deaths from Violent Causing Causing Deates, and (2) whether Accidental, Building (1) Means and Natures of Industry, and (2) whether Accidental, Building (1) Means and Natures of Industry, and (3) whether Accidental, Building (1) Means and Natures of Industry, and (3) whether Accidental, Building (1) Means and Natures of Industry, and (3) whether Accidental, Building (1) Means and Natures of Industry, and (3) whether Accidental, Building (1) Means and Natures of Industry, and (3) whether Accidental, Building (1) Means and Natures of Industry, and (3) whether Accidental, Building (1) Means and Natures of Industry, and (3) whether Accidental, Building (1) Means and Natures of Industry, and (3) whether Accidental, Building (1) Means and Natures of Industry, and (3) whether Accidental, Building (1) Means and Natures of Industry, and (3) whether Accidental, Building (1) Means and Natures of Industry, and (3) whether Accidental, Building (1) Means and Natures of Industry, and (2) whether Accidental, Building (1) Means and Natures of Industry, Indust				·····	**************************************
(a) Trade, profession, or particular kind of work  (b) General nature of industry, besiness, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER-Terry on the control of the con				***************************************	***************************************
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  11. BIRTHPLACE OF FATHER CITY OF TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  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. WHERE WAS DISEASE CONTRACTED  17. INFORMANT  (STATE OR COUNTRY)  18. WHERE WAS DISEASE CONTRACTED  19. PLACE OF BEATH.  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. WHERE WAS DISEASE CONTRACTED  16. WHERE WAS DISEASE CONTRACTED  17. NAME OF EATHT.  (Signed)  (Signed		A.	<b>Y</b>	**************************************	
basiness, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  (SECONDARY)  (SECONDARY)  (SECONDARY)  (SECONDARY)  (SECONDARY)  (SECONDARY)  (SECONDARY)  (SECONDARY)  (Address)  (Address)  (SECONDARY)  (Address)  (Address)  (Address)  (SECONDARY)  (Address)  (Address)  (Address)  (SECONDARY)  (Address)  (Address)  (Address)  (Address)  (Address)				(daraties)yr	smoż
which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER CUTY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  14. DISTANCE OF MOTHER  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER  (STATE OR COUNTRY)  14. DISTANCE OF MOTHER  (Signed)  (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER  (Signed)  (STATE OR COUNTRY)  16. Address)  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	• • • • • • • • • • • • • • • • • • • •				
(c) Name of employer  18. Where was disease contracted  18. Where was disease contracted  18. Where was disease contracted  19. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  14. INFORMANT  15. CITY OR TOWN)  16. NAME OF FATHER (CITY OR TOWN)  17. BIRTHPLACE OF MOTHER (CITY OR TOWN)  18. Where was disease contracted  19. PLACE OF DEATH.  19. PLACE OF DEATH.  10. NAME OF FATHER (CITY OR TOWN)  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF MOTHER  (Signed)  12. MAIDEN NAME OF MOTHER  (Signed)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  (Address)  15. Where was disease contracted  16. Where was disease contracted  17. DAY OF MEATH.  18. Where was disease contracted  18. Where was disease contracted  19. PLACE OF BEATH.  10. NAME OF FATHER  Was there an autopsyl.  What test confirmed diagnosist.  (Signed)  (Signed)			ļ	(1	
9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER CITY OF TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. NOT AT PLACE OF DEATH?  DAYE OF  WAS THERE AN AUTOPSY!  WHAT TEST CONFIRMED DIAGNOSIS!  (Signed)  (Signed)  (Signed)  *State the Disbass Causing Death, or in deaths from Violent Causing Or Injury, and (2) whether Accidental, Suicide Homicidal. (See reverse side for additional space.)  14. D. A. Markelle of Death?  DAYE OF  WAS THERE AN AUTOPSY!  (Signed)  (Signed)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. D. A. MAIDEN OR REMOVAL DATE OF BUR (Address)					B•
(STATE OR COUNTRY)  DID AN OPERATION PRECEDE DEATH?	A DIDTUM ACT (	) ~	18. WHERE WAS DISEASE CONTRA	CTED .	•
10. NAME OF FATHER  11. BIRTHPLACE OF FATHER CITY OF TOWN).  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  14. INFORMANT  (Address)  DATE OF.  WAS THERE AN AUTOPSYL.  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed).  (Signed).  (Signed).  *State the Disbash Causing Death, or in deaths from Violent Causing Object.  (I) Means and Nature of Injury, and (2) whether Accidental, Building Homicidal. (See reverse side for additional space.)  14.   Death of Burial Causing Death of the Disbash Causing Death of th			IF NOT AT PLACE OF DEATH	i7	·
WAS THERE AN AUTOPSYL.  WHAT TEST CONFIRMED DIAGNOSIST.  (State OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  *State the Dibbabb Caubing Death, or in deaths from Vicient Caubing (State or Country)  (STATE OR COUNTRY)  *State the Dibbabb Caubing Death, or in deaths from Vicient Caubing (I) Means and Nature of Injury, and (2) whether Accidental, Buicing Homicidal. (See reverse side for additional space.)  14. Informant  (Address)			DID AN OPERATION PRECEDE I	DEATH? DATE OF	
(State or country)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  4. INFORMANT  (Address)  (State or Country)  (Signed)  (Signed)  (Signed)  (State the Dibbabb Caubing Death, or in deaths from Violent Caubing Church, Building Country)  (I) Means and Nature of Injury, and (2) whether Accidental, Building Homicidal. (See reverse side for additional space.)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BUR  (Address)	IV. NAME OF FAIRER		WAS THERE AN AUTOPSYI	***************************************	
(State or country)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  (State or Country)  (Signed)  (Address)  *State the Dibbass Causing Death, or in deaths from Violent Causing Causing	11. BIRTHPLACE OF FATHER (CITY OF THE )		WHAT TEST CONFIRMED DIAG	tOS187	····
12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14.  INFORMANT  (Address)	(STATE OR COUNTRY)		(Sidned)		•••••
*State the Dibbabb Causing Death, or in deaths from Violent Causing (1) Means and Nature of Injury, and (2) whether Accidental, Suicidition.  14.  Informant  (Address)			· .	•	·····
(STATE OR COUNTRY)  (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicide Homicidal. (See Peverse side for additional space.)  14.  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address)			*State the Dismann Cause	ng Daars, or in deaths from	n Violent Causes, s
14.  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  Address)	l-	,	(1) MEANS AND NATURE OF	INJURY, and (2) whether A	
(Address)	14.				DATE OF BURG
(Address)  (Aunden Yount Washing Bein 2-2/-  20. UNDERTAKER  ADDRESS  ADDRESS	•			TATION, OR REMOVAL	1 0
FILED 2-21-1920 US Herindon 20. UNDERTAKER ADDRESS				Wastinic Bein	2-21-
	1 V Fum 2-2/-1920 USAter	indon IN	20. UNDERTAKER		ADDRESS
REGISTRAR LA M. Comas Odger		REGISTRAR	Joe M. W.	Camas	Odgerl

## 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) Gracery; (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 occu--pations 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 (retixed, 6 urs.) 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

クかんつ

"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. 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.)

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 gives 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, 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.