1. PLACE OF DEATH Compt. WILL NAME Compt. Will Service Service Destrict No. 10.2 File	MISSOURI STATE BOARD OF HEALTH TO A. C. 13. Quecode BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
2. FULL NAME (1) Besidence. No. 10.01 10 0 5. S. L. Ward. (If somewhater, gave city or some and Sizes) Length of readons in city or town where death occurred 3 yrs. mas. ds. How lond in U.S., if of fereigh birds? yrs. mas. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WINDOWED OR DIVORCED (or in the word) 10 December 10 December 20 December 20 December 3 yrs. mas. ds. 15 December 3 Dec	County County Registration District Primary Registration	tt No
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED HOWER (STATE OR COUNTRY) 5. IF MARRIED, WIDOWED, OR DIVORCED HOWER (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. INTERNATION PRECEDED FATHER (CITY OR TOWN) 15. MARRIED, WIDOWED, OR DIVORCED HOWER (CITY OR TOWN) 16. DATE OF DEATH (WONTH, DAY AND YEAR) 17. AGE 18. WIERE WAS DIREASE CONTRACTED (Grade) 18. WIERE WAS DIREASE CONTRACTED (STATE OR COUNTRY) 19. DATE OF MOTHER (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. INTERNATION PRECEDED PRATHIL (Sectional prace) 15. DATE OF BERTH (WONTH, DAY AND YEAR) 16. DATE OF DEATH (WONTH, DAY AND YEAR) 17. LAGS AND ALTER OR COUNTRY) 18. WIERE WAS DIREASE CONTRACTED (State OR COUNTRY) 19. DATE OF BERTH (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. INTERNATION 15. PLACE OF BURIAL CREMATION, OR REMOVAL 16. DATE OF BURIAL 20. UNDERTAKER 20. UNDERTAKER 20. UNDERTAKER 20. UNDERTAKER 20. UNDERTAKER 20. UNDERTAKER 21. MAIDEN AND YEARS AND ALTERNO PREMOVAL 21. DATE OF BURIAL 22. UNDERTAKER 23. UNDERTAKER 24. DATE OF BORTHAL 25. DATE OF BORTHAL 26. DATE OF BORTHAL 27. THAT I SAT AND AVERAGE OF THE COUNTRY AND AVERAGE OF THE CITY OF TOWN. 28. STATE OR COUNTRY) 29. DATE OF BURIAL 20. UNDERTAKER 2	2. FULL NAME ENLOW Basconds (a) Residence. No. DOU 20 5	(If nonresident give city or town and State)
54. IF MARRIED, WIDOWED, OR DIVORCED HUSSAND (1907) 6. DATE OF BIRTH (MONTH) DAY AND YEAR) 7. AGE YEARS MONTHS DAYS IN LESS than 1 day, brines, or establishment in which employed (or employer) 8. OCCUPATION OF DECEASED (a) Trade, prefeasion, or perfection, or perfections kind of work (b) General nature of Industry, horiness, or establishment in which employed (or employer) 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 (A) PARE OF MOTHER (CITY OR TOWN) 15. MAIDEN NAME OF MOTHER (CITY OR TOWN) 16. DATE OF BURIAL (Son Prevense site for additional space) 16. NECRASSED (State OR COUNTRY) 17. HE BJE BY CE RT I FY, That Liquidid deceased from 19.2% of that I loss as which added show and the state and	PERSONAL AND STATISTICAL PARTICULARS	2 MEDICAL CERTIFICATE OF DEATH
that I has saw h	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	2 / HEREBY CERTIFY. That Lattended decreased from
7. AGE YEARS MONTHS DAYS II LESS than 1 days, hers, or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (b) General nature of industry, husiness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) SILCLA GARDEN (STATE OR COUNTRY) 10. NAME OF FATHER GOTON (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) SILCLA GARDEN (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) SILCLA GARDEN (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) SILCLA GARDEN (STATE OR COUNTRY) 14. INFORMANT (R. P. MAINTEN OF TOWN) SILCLA GARDEN (STATE OR COUNTRY) 15. MAINTEN OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL CREMATION CREMATION CREMATION CREMATI	HUSBAND of	that I last saw h. alive on feely (0 ft), 19 20, and that
8. OCCUPATION OF DECEASED (a) Trade, profession, or Carlon Challes kind of work (b) General nature of industry, heriness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (STATE OR COUNTRY) 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) 14. INFORMANT (AR OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 15. PLACE OF BURIAL CREMATION, OR REMOVAL (Address) 16. INFORMANT (AR OF MOTHER (CITY OR TOWN) 17. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address) 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL 20. UNDERTAKER		
(a) Trade, profession, or perficular kind of work (b) General nature of industry, husiness, 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) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT (A PROCEED STATE OR COUNTRY) 15. MAIDEN NAME OF STATE OR COUNTRY) 16. What is an auticipated of mother (CITY OR TOWN) 17. MAIDEN NAME OF MOTHER (CITY OR TOWN) 18. Where was disease Contracted (duration) 19. Pid Andreas) 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 (A PROCEED STATE OR COUNTRY) 15. MAIDEN AND OR STATE OR COUNTRY) 16. What is an auticipated (Signed) 17. State the Dissass Causing Death, or in deaths from Violent Causing State (I) Means and Natural or Indust, and (2) whether Accordance state (I) Means and Natural or Indust, and (2) whether Accordance state (I) Means and Natural or Indust, and (2) whether Accordance state (I) Means and Natural or Indust, and (2) whether Accordance state (I) Means and Natural or Indust, and (2) whether Accordance state (I) Means and Natural or Indust, and (2) whether Accordance state (I) Means and Natural or Indust, and (2) whether Accordance state (I) Means and Natural or Indust, and (2) whether Accordance state (I) Means and Industry (I) Means and Industr	day,brs.	119 Pouchoforneumona
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 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 14. INFORMANT 15. MA 16. CONTRIBUTORY (SECONDARY) 18. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 19. PLACE OF DEATH! 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 15. MA 16. CONTRIBUTORY (SECONDARY) 18. WHERE WAS DISEASE CONTRACTED 19. PLACE OF DEATH! (Address) 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 15. MA 16. CONTRIBUTORY (SECONDARY) 16. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 19. PLACE OF DEATH! (SECONDARY) 10. NAME OF DEATH! 10. NAME 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. MAIDEN NAME OF MOTHER (CITY OR TOWN) 15. MA 16. CONTRIBUTORY 16. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 19. PLACE OF DEATH! 10. DATE OF BURIAL 11. MEANS AND NATURE OF INTERNATION, OR REMOVAL 12. MAIDEN 13. DISTANCE OF BURIAL 14. MEANS AND NATURE OF INTERNATION 15. MA 16. CONTRIBUTORY 16. DATE OF DEATH! 17. MAIDEN 18. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 19. PLACE OF BURIAL 20. UNDERTAKER 20. UNDERTAKER 20. UNDERTAKER 21. DATE OF BURIAL 21. DATE OF BURIAL 22. UNDERTAKER 23. UNDE	(a) Trade, profession, or	107P
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OF TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) (husiness, or establishment in	(SECONDARY)
10. NAME OF FATHER 13. DATE OF 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OF TOWN) 13. BIRTHPLACE OF MOTHER (CITY OF TOWN) 14. 15. 16.	(c) Name of employer	18. WHERE WAS DISEASE CONTRACTED SUR OF THE PARTY OF T
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT 15. (Address) 16. (Address) 17. (Signed) (Si	J	
(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY O TOWN) SALAMANTIC (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY O TOWN) SALAMANTIC (STATE OR COUNTRY) 14. INFORMANT (Address) 100 S KAMINGY (Address) 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address) 100 S KAMINGY (ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	10. NAME OF FATHER Haveny 18 ascom	Was there an autopsys
12. MAIDEN NAME OF MOTHER (CITY OF TOWN). SALLANDURC (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OF TOWN). SALLANDURC (STATE OR COUNTRY) 14. INFORMANT (Address) 10 0 5 KCANLACCYAN 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address) 10 0 5 KCANLACCYAN 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address) 10 0 5 KCANLACCYAN 19. PLACE OF BURIAL CREMATION, OR REMOVAL 19. PLACE OF BURIAL CREMATION, OR REMOVAL	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	
13. BIRTHPLACE OF MOTHER (CITY OF TOWN) SALLANDURCE (STATE OR COUNTRY) 14. State the Dibbase Caubing Death, or in deaths from Violent Caubins, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 15. Address 10 0 5 Keanturcyal 19. Place of Burial Cremation, or removal Date of Burial 19. Place of Burial Cremation, or removal 19. Place of Burial Cremation 19. Place of Burial Crematical Cremati	C) 19 ,19 7 address) Judalia Mo
(Address) 1900 & Kenntucky Troum All Ten 3 192 15. (Address) 1900 & ADDRESS	13. BIRTHPLACE OF MOTHER (CITY OF TOWN) . BALLANGUE	(1) MEANS AND NATURE OF INJUST, and (2) whether Accidental, Suicidal, or
15. (A. ADRESS	14. INFORMANT Of P. Henderson	
(IIIV Raughim I was Black	15. 17. 17. 4 A	20. UNDERTAKER ADDRESS
		1111/ Laughmille Oldar

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 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 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 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.