

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

701

20448

1. PLACE OF DEATH

County..... Registration District No. 1008 File No.
 Township..... Primary Registration District No. Registered No. 5376
 City St. Louis (No. 510² Market) St. Ward

2. FULL NAME

Lee Yick Noon
 (a) Residence. No. 510 Market St. 6 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Chinaman</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 11th 1886</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>5</u>
	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Physician 131 920</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) China
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER <u>Leung Tung</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>China</u> (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER <u>Not ascertainable</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>China</u> (STATE OR COUNTRY)

14. INFORMANT H. W. Fack
 (Address) Corson Office

15. FILED MAY 13 1921 maub Harkoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/2 1920

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 2-30 P.M.

THE CAUSE OF DEATH* was as follows:
Chronic Endocarditis
Chronic Interstitial Nephritis
 (duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY)
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hong Kong China DATE OF BURIAL May 5 1920

20. UNDERTAKER John P. Coe ADDRESS 1039 N. Grand

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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.

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

"Typhoid pneumonia"); *Lobar pneumonia*; *Bacterial pneumonia* ("Pneumonia," unqualified, is *Indefinite Tuberculosis of lungs, meninges, peritoneum*); *Carcinoma*, *Sarcoma*, etc., of (name); "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 recurrent) affection need not be stated unless important. Example: *Measles* (disease causing death 29 ds.); *Bronchopneumonia* (secondary), etc. Never report mere symptoms or terminal conditions such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uremia," "Weakness," etc., without definite disease can be ascertained as the cause. Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause of death if surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and CAUSE as ACCIDENTAL, SUICIDAL, or HOMICIDAL, probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by way train—accident*; *Revolver wound of forehead—homicide*; *Poisoned by carbolic acid—probably accidental*. 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 the Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of diseases and use of the above terms and refuse to accept certificates containing terms not included in the above list. Thus the form in use in New York City states: "Certificates will be returned for additional information which give the following diseases, without explanation, as the cause of death: Abortion, cellulitis, childbirth, convulsions, erysipelas, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested would be a vast improvement, and its scope can be extended at a future date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.