## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

15163

		CERTIFICAT	E OF DEATH			
1	PLACE OF DEATH	•	. 461		۲ <sup></sup> 2	
	Country af asycure	Registration District !	10		J	
	Township	Primary Registration	District No562.	Registered	No	
	City(No	······································	/·····/	······	.St	Verd)
2	FULL NAME Joffhroma	.g. C'b	bott			
	(a) Residence. No. (Usual place of abode)	St.,	Ward.	(If nonresident give	ve city or town and State)	
L	ength of residence in city or town where death occurred	yrs. mos.	ds. How long i	n U.S., if of foreign birth?	yrs. mos.	ds.
	PERSONAL AND STATISTICAL PARTICU	ILARS	Ž= MEDI	ICAL CERTIFICATE	OF DEATH	
		RRIED, WIDOWED OR	16. DATE OF DEATH	(MONTH, DAY AND YEAR)	here 27	192/
<u> </u>	mod prace ma	ne 9	IHEREBY		ended deceased from	
5A	IF Married, Widowed, of Divorced	le th			June 22	
	(OR) WIFE OF GOOM IV. W	vovi.	that I last saw h. 1	//	// /.\	and that
-	DATE OF BIRTH (MONTH, DAY AND YEAR)	3-1861		stated above, at	•	
	AGE YEARS MONTHS DAYS	If LESS than 1	THE CAUSE OF	DEATH* WAS AS FOLLOWS:		
•	1 - // 1/4	day,hrs.	Camer	- 775-		
	60 3 1/7	ormin.				
8.	OCCUPATION OF DECEASED			1	***************************	
	(a) Trade, profession, or	7/1	11	(duration)		4.
	particular kind of work		- M	A contract of	· · · · · · · · · · · · · · · · · · ·	as,
	(b) General nature of industry, business, or establishment in		CONTRIBUTORY			**********
	which employed (or employer)			(duration)	yrs	ds.
	(c) Name of employer	•	18. Where was disease o	CONTRACTED		
9	BIRTHPLACE (CITY OR TOWN) Hard	~	IF NOT AT PLACE OF		_	
٠.	(STATE OR COUNTRY)	0.			0	
	10. NAME OF FATHER		Did AN OPERATION PRI	ECEDE DEATHT Z. ZA D	ATE OF JUNE 193	<i>Q</i>
	James (1	wy	Was there an autop:	511. 710	······································	····-
s	11. BIRTHPLACE OF FATHER (CITY OR JOYN)		WHAT TEST CONFIRME	D DIAGNOSIS7		<b></b>
ENTS	(STATE OR COUNTRY)	00	(Signed)	GU)	Fredendal	_ м. п
PARE	12. MAIDEN NAME OF MOTHER PARTY BYCOL		June 27, 10 2/ (Ad			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	? <b>/</b>			aths from Violent Causes,	
	(STATE OR COUNTRY)		(1) MEANS AND NATUR HOMICIDAL. (See reverse:		bether ACCIDENTAL, SUICIDA	AL, CT
14.	Mohn It al	voott.		. CREMATION, OR REM	OVAL   DATE OF BUR	IAL
	INFORMANT (1)	21/5		L m.	10 5	9
	(Address) // Lewing/ord	- / /	alfing	Du /1/0	June 2)	V]9/
15.	Same 28, 21 5/15		20. UNDERTAKER	2- L	ADDRESS .	-1
	The state of the s	REGISTRAR	MANNE XTO	regers	Lexus	tour

## 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; 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, OF HOMICIDAL, OF AB 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, 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.