1. PLACE OF DEATH  County  County  County  City	MI	SSOURI STATE E BUREAU OF VIT CERTIFICAT	TAL STATISTICS	TH Provide and	Jul 213
Towaship, City City City City City City City City	1. PLACE OF DEATH		, , ,	N In Sano.	
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City McAddland (No. 1) Residences, No. 2.  2. FULL NAME	Township.	Primary Registration D	listrict No. 3032	Registered No.	239
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Clusted place of abode)   Climateriadent give dity or town and State	3 7 8 6	men Sts/s	Ø w		•
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3. SEN 4COLOR OF FACE DIOSCOS DIOSCOS (certis the word)  16. DATE OF DEATH (MONTH, DAY AND YEAR)  17. AGE YEARS MONTHS DAYS II LESS han I day,		1	72	<u> </u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  6. DATE OF BIRTH (MORTH, DAY AND YEAR) MORTHS  7. AGE YEARS MORTHS DAYS HILESS'than 1 day, hrs. or min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or pericular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer  10. NAME OF FATHER  11. BIRTHPLACE (CITY OR TOWN)  11. BIRTHPLACE (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR YOWN)  13. BIRTHPLACE OF FATHER (CITY OR YOWN)  14. INFORMANT AND		<del>_</del>		CERTIFICATE OF	0 00
SA. IF MARRIED, WIDOWED, OR PIVORCED HUSBAND OF (GR) WIFE OF  6. DATE OF BIRTH (MORTH, DAY AND YEAR)  7. AGE YEARS MORTHS DAYS II LESS than 1 day, hrs. 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) (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. BIRTHPLACE OF MOTHER (CITY OR TOWN)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  16. BIRTHPLACE OF MOTHER (CITY OR TOWN)  17. BIRTHPLACE OF MOTHER (CITY OR TOWN)  18. BIRTHPLACE OF MOTHER (CITY OR TOWN)  19. BIRTHPLACE OF MOTHER (CITY OR TOWN)  10. NAME 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. BIRTHPLACE OF MOTHER (CITY OR TOWN)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  16. BIRTHPLACE OF MOTHER (CITY OR TOWN)  17. BIRTHPLACE OF MOTHER (CITY OR TOWN)  18. WHEN WAS TIERE AN AUTOPSY.  WAS TIERE AN AUTOPSY.  19. LAddress)  19. LAddress)  10. MAINES AND NATURA OF INSTURE, and (2) whether Accumental, Styrom HOMICTOLL (See reverse side for additional space)  19. LADDRESS COUNTRY DATE OF BURIAL, CREMATION, OR REMOVAL  19. LADDRESS COUNTRY DATE OF BURIAL, CREMATION, OR REMOVAL  19. LADDRESS COUNTRY DATE OF BURIAL, CREMATION, OR REMOVAL  19. LADDRESS COUNTRY DATE OF BURIAL, CREMATION, OR REMOVAL  19. LADDRESS COUNTRY DATE OF BURIAL, CREMATION, OR REMOVAL  19. LADDRESS COUNTRY DATE OF BURIAL, CREMATION, OR REMOVAL  19. LADDRESS COUNTRY DATE OF BURIAL, CREMATION, OR REMOVAL  19. LADDRESS COUNTRY DATE OF BURIAL, CREMATION, OR REMOVAL  19. LADDRESS COUNTRY DATE OF BURIAL, CREMATION, OR REMOVAL  19. LADDRESS COUNTRY DATE OF BURIAL, CREMATION, OR REMOVAL  19. LADDRESS COUNTRY DATE OF BURIAL, CREMATION, OR REMOVAL  19. LADDRESS COUNTRY DATE OF BURIAL CREMATION, OR REMOVAL  19. LADDR				H. DAY AND YEAR)	eng 27
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THE CAUSE OF DEATH* WAS AS FOLLOWS:  7. AGE  YEARS  MONTHS  DAYS  II LESS than 1 day, hars.  y min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or y 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 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  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  16. DID AN OPERATION PRECEDE DEATHINGS AND MATURE OF INJURY, and (2) whether Accordance in the Country of Makers and Natures of Injury, and (2) whether Accordance in Houseload. (See reverse side for additional space.)  16. INFORMANT  17. AGE  YEARS  MONTHS  DAYS  II LESS than 1 day, hars of CAUSING (duration)  (duration)  (duration)  (recondancy)  (duration)  (duration)  (recondancy)  (secondancy)  (duration)  (duration)  (recondancy)  (secondancy)  What Test configured Diagnosist  (Sidead)  Sidead  (Sidead)  Sidead  (Sidead)  Sidead  (Sidead)  Sidead  (Makers and Natures of Injury, and (2) whether Accordance in Houseload. (See reverse side for additional space.)  14. Informant  (Address)  15. DIAGNOSTICAL  (Makers and Autors)  Sidead  (Makers	(OR) WIFE OF	11 mm	that I last saw h alive or	, and	129.1921
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8. OCCUPATION OF DECEASED  (a) Trade, profession, or  (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  (CITY OR TOWN)  (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)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. DIAGRANT  16. DIBAGES  (AUBINO DEATE, or in deaths from Violent Cause  (State or Country)  16. Maans and Natura of Industry, and (2) whether Accudental, Suffering Country, and (2) whether Accudental, Suffering Country, and (3) whether Accudental, Suffering Country, and (3) whether Accudental, Suffering Country, (Address)  16. DIRECTOR OF BURIAL, CREMATION, OR REMOVAL  17. DATE OF BURIAL, CREMATION, OR REMOVAL  18. WHERE MADDISES COUNTRY CAUSE  (Signed)  *State the Dibages Caubing Deate, or in deaths from Violent Caube  (State or Country)  18. WHERE MADDISES CAUBING DEATE, or in deaths from Violent Caube  *State the Dibages Caubing Deate, or in deaths from Violent Caube  (State or Country)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  **State the Dibages Caubing or individual space.)	5/	day,hrs.	Congress Sa	-	
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(STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR YOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER PORT SORRU  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR YOWN)  (STATE OR COUNTRY)  14. INFORMANT Let as All All All All All All All All All Al	1 //	/	5:4	<i>V</i> 1	•
(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 OUT ADDRESS  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. DID AN OPERATION PRECEDE DEATH (CITY OR TOWN)  (STATE OR COUNTRY)  (Signed)  *State the Disease Causing Death, or in deaths from Violest Causes  (1) Means and Nature of Industry, and (2) whether Accidental, Suffine Causes  (Address)  16. DID AN OPERATION PRECEDE DEATH (CITY OR TOWN)  (STATE OR COUNTRY)  (Signed)  *State the Disease Causing Death, or in deaths from Violest Causes  (1) Means and Nature of Industry, and (2) whether Accidental, Suffine Causes  (3) Means and Nature of Industry, and (2) whether Accidental, Suffine Causes  (4) Means and Nature of Industry, and (2) whether Accidental, Suffine Causes  (4) Means and Nature of Industry, and (2) whether Accidental, Suffine Causes  (3) PLACE OF BURIAL, CREMATION, OR REMOVAL  (4) DATE OF BURIAL  (Address)	(a) Trade, profession, or	s buft		(d <del>uratio</del> a) <b>2</b>	yrs
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DID AN OPERATION PRECEDE DEATHTH AND DATE OF MALE OF MASS THERE AN AUTOPSYS.  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT (Address)  15. INFORMANT (Address)  16. Address)  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  18. DID AN OPERATION PRECEDE DEATH (ADDRESS)  WAS THERE AN AUTOPSYS.  WAS THERE AN AUTOPSYS.  WHAT TEST CONFIRMED DEATH, Or in deaths from VIOLENT CAUSE  (Signed).  *State the Dishase Causing Death, or in deaths from VIOLENT CAUSE  (1) Means and Nature of Injury, and (2) whether Accidental, Suicing  HOMICIDAL. (See reverse side for additional space.)  14. INFORMANT (Address)  15. DID AN OPERATION PRECEDE DEATH (ADDRESS)  WAS THERE AN AUTOPSYS.  WHAT TEST CONFIRMED DEATH, or in deaths from VIOLENT CAUSE  (1) Means and Nature of Injury, and (2) whether Accidental, Suicing  HOMICIDAL. (See reverse side for additional space.)  16. DID AN OPERATION PRECEDE DEATH (ADDRESS)  WAS THERE AN AUTOPSYS.  WAS THERE AN AUTOPSYS.  WAS THERE AN AUTOPSYS.  WAS THERE AN AUTOPSYS.  WHAT TEST CONFIRMED DEATH, or in deaths from VIOLENT CAUSE  (1) Means and Nature of Injury, and (2) whether Accidental, Suicing  HOMICIDAL. (See reverse side for additional space.)  14. INFORMANT (Address)  15. DID AN OPERATION PRECEDE DEATH (ADDRESS)  WAS THERE AN AUTOPSYS.  WAS THE AUTOPS	1 1/		IN FOR AT PLACE OF DEAT	гнт	<i>-</i> 1. /
WAS THERE AN AUTOPSY!  11. BIRTHPLACE OF FATHER (CITY OR YOWN)  (STATE OR COUNTRY)  WHAT TEST CONFIRMED DIAGNOSIST.  WHAT TEST CO	7/		DID AN OPERATION PRECEDE	DATE DATE	of March
(STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER POUR SORKER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT RESULTATION OF REMOVAL DATE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address)  16. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (ADDRESS)  17. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (ADDRESS)  18. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (ADDRESS)  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (ADDRESS)	10. NAME OF FAIRER THUS	Haron	WAS THERE AN AUTOPSYI	po o	·····
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12. MAIDEN NAME OF MOTHER COTY OF JONE SOLD STATE OF COUNTRY)  13. BIRTHPLACE OF MOTHER (CTTY OF JOWN)  (STATE OR COUNTRY)  14. INFORMANT LEGAL MANY AND NATURE OF INJURY, and (2) whether Accidental, Suice Homicidal. (See reverse side for additional space.)  15. C. J. D. J. D. C. J. D. J. D. C. J. D. D. C. J. D. D. D. C. J. D. D. D. D. C. J. D. D. D. D. C. J. D.	Z (STATE OR COUNTRY)	cuopia,	(Signed)	anNK.	Minkey
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(STATE OR COUNTRY)  (STATE OR COUNTRY)  (Address)  (STATE OR COUNTRY)  (Address)		)	*State the DISEASE CAUS	ung Death, or in deaths	from Violent Cause
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(Address) Islatia Mrs Lucyln Net W43/					I DATE OF EVE
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## 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, Stattonary 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) Grovery; (a) Foreman, (b) Automobile factorys. The material worked on may form part of the. second statement. Never return "Laborer," "Fore--man," "Manager," "Dealer," etc., without more -precise specification, as Day laborer, Farm laborer, Labbrer - 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 (netired, 6 yrs.) For persons who have no occupation whatever, write None.

Statement of cause of Death.—Name, first, the disease causing neare (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"); Ryphoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopreumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges; peritoneum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Wheoping cough; Chronic valeular heart discuse; Chronic interstitial neplirais, 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." "Anomia" (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 "Puerpenal septicemia,"; "PUERPERAL perilonitis," etc. State cause for; which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify: 88 ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 88 probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railwag: train-accident; Revolver, wound of headhomicide; Poisoned by carbolia acid—probably suicide. The nature of the injury, as fracture of skull, and donsequences (e. g., sepsis, tetamus), may be stated under the head of "Contributory.", (Recommendations on statement of cause of death approved by Committee on Nomendature of the American Medical Association.):

Note.—Individual offices may add to above libt of undesirable terms and refuse to scept 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, childibirth, convulsions, hemorrhage, gangrene, gastritis, crysipelas, meningitis, miscardage, necrosis, peritonitis, phehitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a lister date.