

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

34348

**1. PLACE OF DEATH**

County..... Registration District No. 70 File No. ....  
 Township..... Primary Registration District No. .... Registered No. 0310  
 City (No. 2743 Clark Ave St. .... Ward)

**2. FULL NAME**

Fred Dailey  
 (a) Residence, No. 2743 Clark Ave St. 10 Ward. ....  
 (Usual place of abode) (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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF School Boy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 14-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
7 8 15

**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) St. Louis  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Henry Dailey

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Macon  
 (STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Sophia Davis  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Macon  
 (STATE OR COUNTRY) Miss

14. INFORMANT Henry Dailey  
 (Address) 2743 Clark Ave

15. may & Starceff  
 FILED 19... Register

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec, 28<sup>th</sup> 19 27

17. I HEREBY CERTIFY, That I attended deceased from Dec, 27<sup>th</sup> 19 27, to Dec 28<sup>th</sup> 19 27 that I last saw h. .... alive on Dec 28<sup>th</sup> 19 27, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

acute Myo. Carditis  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Rheumatism  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
 IF NOT AT PLACE OF DEATH .....  
 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....  
 WAS THERE AN AUTOPSY? .....  
 WHAT TEST CONFIRMED DIAGNOSIS? .....  
 (Signed) [Signature], M. D.  
 , 19 27 (Address) 1520 ...

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
E. St. Louis Booker Washington Jan 4 19 27  
 20. UNDERTAKER ADDRESS  
P. McGuire 2635 Market

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

ent; it should be used only when needed. (a) *Spinner*, (b) *Cotton mill*; (a) *Sales-ery*; (a) *Foreman*, (b) *Automobile fac-terial worked on* may form part of the ment. Never return "Laborer," "Fore-ager," "Dealer," etc., without more eation, as *Day laborer*, *Farm laborer*, *l mine*, etc. Women at home, who are e duties of the household only (not paid who receive a definite salary), may be *Housewife*, *Housework* or *At home*, and gainfully employed, as *At school* or *At* should be taken to report specifically ons of persons engaged in domestic ages, as *Servant*, *Cook*, *Housemaid*, etc. tion has been changed or given up on

he DISEASE CAUSING DEATH, state occu- ginning of illness. If retired from busi- ot may be indicated thus: *Farmer* (re-

For persons who have no occupation rite *None*.

**Cause of Death.**—Name; first, CAUSING DEATH (the primary affection to time and causation), using always the ed term for the same disease. Examples: *Pl fever* (the only definite synonym is *cerebrospinal meningitis*); *Diphtheria* of "Croup"; *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Broncho- pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc.; *Carcinoma*, *Sarcoma*, etc., of . . . . . (name ori- gin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *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 symptom- atic), "Atrophy," "Collapse," "Coma," "Convul- sions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hem- orrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child- birth 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 rail- way train—accident*; *Revolver wound of head— homicide*; *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 undesir- able 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, hemo- rrhage, 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.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

15 PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

19

ADDRESS

20 UNDERTAKER

REGISTRAR