

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

1827 159

1. PLACE OF DEATH  
County Missouri Registration District No. 567 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 0963 Registered No. 11  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Lizzie Sullivan  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31-1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 | | 1 | |

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work House Keeper  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

PARENTS

10. NAME OF FATHER Sill Price

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) don't know

12. MAIDEN NAME OF MOTHER don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) don't know

14. INFORMANT Albert Burns  
(Address) 3036 S. 2nd St. St. Louis

15. FILED Feb 7, 1922 Duff W. Hudges  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan - 1922

17. I HEREBY CERTIFY That I attended deceased from Aug 1 - 1921 to Dec 31, 1921 that I last saw h. for alive on Jan 31, 1921, and that death occurred, on the date stated above, at 3800 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Sarcoma Sarcoma  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT SCENE OF DEATH? \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_  
WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) R. C. Aldridge M. D.  
, 19 \_\_\_\_\_ (Address) Carrollton mo.

\*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 Evergreen DATE OF BURIAL Jan 2, 1922

20. UNDERTAKER Ted Sheeby ADDRESS East 11th St. St. Louis

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.

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of vari  
plies to  
For

City..... (No.....)

FULL NAME.....  
(a) Residence, No.....  
(Usual place of abode)  
of residence in city or town where death occurred

PERSONAL AND STATISTICAL PART

4. COLOR OR RACE.....  
5. SINGLE, M.,  
DIVORCED

MARRIED, WIDOWED, OR DIVORCED  
OF  
US BAND OF  
(OR) WIFE OF

# 1 States Standard of Death

us and American Public Health  
[Location.]

ation.—Precise statement of  
rtant, so that the relative  
pursuits can be known. The  
and every person, irrespec-  
occupations a single word or  
be sufficient, e. g., *Farmer* or  
*positor, Architect, Locomo-*  
*ivile engineer, Stationary fireman, etc.*

But in many cases, especially in industrial employ-  
ments, 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) *Sales-*  
*man*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile fac-*  
*tory*. 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,*  
*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 occu-  
pation at beginning of illness. If retired from busi-  
ness, that fact may be indicated thus: *Farmer (re-*  
*tired, 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; Broncho-*  
*pneumonia* ("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 in-  
tercurrent) affection need not be stated unless im-  
portant. 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 undeair-  
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, hemor-  
rhage, 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.