

Revised United States Standard Certificate of Death

Census and American Public Health Association.)

REVISED UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Statement of occupation.

Statement of occupation is very important, so that various pursuits can be known each and every person, ir- occupations a single word or sufficient, e. g., *Farmer* or *fireman*, etc. But in many employments, it is necessary and therefore an additional statement; it should be used examples: (a) *Spindler*, (b) *Grocery*; (a) *Foreman*, (b) *terial* worked on may form *Never return "Laborer," "Dealer,"* etc., without *Day laborer, Farm laborer* Women at home, who are household only (not paid definite salary), may be *At home*, and children, *school* or *At home*. Care should be taken to report specifically the occupations of service for wages, as *Servant*, occupation has been changed the DISEASE CAUSING DEATH, of illness. If retired from business indicated thus: *Farmer (retired)*, persons who have no occupation whatever.

Statement of cause of death.

CAUSING DEATH (the primary and causation), using always the same disease. Exam- definite synonym is *Coreocephalus fever* ("Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

Occupation.—Precise statement of important, so that the relative various pursuits can be known. The each and every person, irrespec- any occupations a single word or will be sufficient, e. g., *Farmer* or *Composer, Architect, Locomotive Engineer, Stationary Fireman*, etc. especially in industrial employ- ry to know (a) the kind of work ture of the business or industry, additional line is provided for the should be used only when needed. *Spinner, (b) Cotton mill; (a) Sales-* (a) *Foreman, (b) Automobile fac-* worked on may form part of the *Never return "Laborer," "Fore-* "Dealer," etc., without more *as Day-laborer, Farm laborer,* etc. Women at home, who are of the household only (not paid receive a definite salary), may be *At home*, and *At home*, and children, *At school* or *At school* or *At home*. Care should be taken to report specifically persons engaged in domestic *Servant, Cook, Housemaid*, etc. has been changed or given up on ASE CAUSING DEATH, state occu- of illness. If retired from busi- be indicated thus: *Farmer (re-* persons who have no occupation whatever.

Cause of Death.—Name, first,

CAUSING DEATH (the primary affection and causation), using always the same disease. Exam- term for the same disease. Examples: *Coreocephalus 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 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 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 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 railway 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 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, 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.