	F VITAL STATISTICS FICATE OF DEATH
1. PLACE OF DEATH	17
Table 1	District No
City King Flall Mo (No.	St.
(a) Residence, No(Usual place of abode)	St.,
Length of residence in city or town where death occurred yra-	mos. ds. How long in U.S., if of foreign hirth? yrs. mos.
, PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	D OR 16. DATE OF DEATH (MONTH, DAY AND YEAR)
Mule 218 0 Divorced (corine the word)	17.
5a. If Married, Widowed, or Divorced	I HEREBY CERTIFY, That I attended deceased from
HUSBAND OF (OR) WIFE OF	that I lest saw b horr alive on 1950 1992
	death occurred, on the date stated above, at
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	THE CAUSE OF DEATH WAS AS FOLLOWS:
7. AGE YEARS MONTHS DAYS II LESS the	
8. OCCUPATION OF DECEASED	(Summer Tally 13 12)
(a) Trade, profession, or particular kind of work	(durations)
(b) General nature of industry,	CONTRIBUTORY
husiness, or establishment in , which employed (or employer)	(SECONDARY)
(c) Name of employer	18. WHERE WAS DIFFASE CONTRACTED
9. BIRTHPLACE (CITY OR TOWN)	IF NOT AY PLACE OF DEATHY.
(STATE OR COUNTRY) Rich Hill M	- G ··· • • •
10. NAME OF FATHER GESSE GNUSH	
O:IH	
11. BIRTHPLACE OF FATHER (CITY OR TOWN). K. C. H. H. C. STATE OR COUNTRY) Galus CG	() I was a superior
E O MADEN HAVE OF MOTHER 9	(Signed) 19 (Aidness) 2 Q () M
12 MAIDEN NAME OF MOTHER Jona Chi	Die Park
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)	*State the Disease Causing Death, or in deaths from Figures Cause (1) Means and Nature of Injury, and (2) whether Accidental, Suici
11 // 5 500	HOMETIAL. (See reverze side for additional space.)
INFORMANT JOSE UNICOLOGIAN	19. PLACE OF BURIAL, CREMATION, OR REMOVAL, DATE OF BUI
(Address)	- Trum Lawon 6-6
15.	20. UNDERTAKER ADDRESS

(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 feeer (never report

tions, such as "Asthenia," "Anemia" (merely symptom-10 ds. Mever report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), be stated unless important. Example: Meastes (disease tributory (secondary or intercurrent) affection need not heart disease; Chrome interstitut nephritis, etc. The conneoplasme); Measles; Whooping cough; Chronic raivular 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 symptomatio), "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 misearriage, 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 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, celluitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work wast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.