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

County Description District No. Township A Description District No. This No. Registered No. St. Ward. (If nonresident give city or town and State) Length of reading birth? yes. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Divoration (order the word) St. How long in U.S., if of feering birth? yes. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Divoration (order the word) St. How long in U.S., if of feering birth? yes. mos. ds. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH (MONTH, DAY AND YEAR) DAY 30 19.2. THEREBY CERTIFY, That I glended decreased from Allerton (only WIFE or Back How No.) 10. AGE YEARS MONTHS DAYS II LESS than 1 day, bro. 4. COLOR OR RACE DATE OF BIRTH (MONTH, DAY AND YEAR) THEREBY CERTIFY, That I glended decreased from Allerton (only WIFE or Back township) 12. MAINTENNA AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 13. DATE OF DEATH (MONTH, DAY AND YEAR) MEDICAL CERTIFICATE OF DEATH 14. DATE OF DEATH (MONTH, DAY AND YEAR) THEREBY CERTIFY, That I glended decreased from Allerton (only WIFE or Back Courted on the date stated above, at July 19. 10. ANGE OF PATHER (MONTH) DID AND CONTRIBUTORY (MONTHS) THE CAUSE OF DEATH WAS AS POLLOWS: (STATE ON COUNTRY) WAS TOURANT PLETTORY PRECIDE DEATH. A.D. DATE Or MAIN CONTRIBUTORY (MONTH) WAS TOURAND AND PRECIDE DEATH. A.D. DATE Or MAIN CONTRIBUTORY (MONTHS) WAS TOURAND AND PRECIDE DEATH. A.D. DATE OR MAIN CONTRIBUTORY (MONTHS) WAS TOURAND AND PRECIDE DEATH. A.D. DATE OR MAIN CONTRIBUTORY (MONTHS) WAS TOURAND AND PRECIDE DEATH. A.D. DATE OR MAIN CONTRIBUTORY (MONTHS) WAS TOURAND AND PRECIDE DEATH. A.D. DATE OR MAIN CONTRIBUTORY (MONTHS) WAS TOURAND AND PRECIDE DEATH. A.D. DATE OR MAIN CONTRIBUTORY (MONTHS) WAS TOURAND AND PRECIDE DEATH. A.D. DATE OR MAIN CONTRIBUTORY (MONTHS) WAS TOURAND AND PRECIDE DEATH. A.D. DATE OR MAIN CONTRIBUTORY (MONTH	1. PLACE OF DEATH	.0 .00001	
Towaship. A Thinary Reflectration District No	County Soon Registration District	No. 29 No. 100 : 6 1	
City. NAME. (a) Residences. No ((Urus) place of abode) Length of residence in city or town where death occurred yra. mos. ds. How long in U.S., if of foreign hirth? yra. mos. ds. PERSONAL AND STATISTICAL PARTICULARS SEX A COLOR OR RACE S. SINGLE MARRIED, WIDOWED OR DIVORCED OR DIVORCED OF ORDIVORCED OF ORDIVORCED OF ORDIVORCED OF ORDIVORCED OR DIVORCED OF ORDIVORCED OR DIVORCED OR	Township Bourd Primery Registration	District No. 5/16 Redistant No.	
2. FULL NAME (a) Residence. No. (Usual place of abode) Length of readence in city or town where death occurred yrs. Department of the word of the word of the course of the course of the word of		,	
(a) Residence. No. (Usual place of abode) Length of readence in city to two where death occurred yra. mos. ds. How long in U.S., If of foreign birth? yra. mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX			
Length of residence in city or town and State) Length of residence in city or town and State) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX	2. FULL NAME LUCLUDES & CLAPACIT		
Description of residence in city or town where death occurred yra mos. ds. How long in U.S., if of foreign birth? The mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (order the worl) THE CALL CERTIFICATE OF DEATH 16. DATE OF DEATH (WONTH, DAY AND YEAR) 6. DATE OF BIRTH (WONTH, DAY AND YEAR) 7. AGE YEARS MORTIS DATS H LESS than 1 day, hrs. Gr min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or 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 (CITY OR TOWN) (STATE OR COUNTRY) 12. MARDEN NAME OF MONTES WHADEN NAME OF MONTES WAS TREESAND AUGUSTS MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH 16. DATE OF DEATH 17. HER CAUSE OF DEATH 18. WHERE AS DISJASS CONTRACTED 18. WHERE AS DISJASS CONTRACTED 19. DATE OF DATE OF MONTES WAS TREESAND AUGUSTS WHAT TEST CONFIRMINATION PRECEDE DEATH. 2. D. DATE OF WAS TREESAND AUGUSTS WHAT TEST CONFIRMINATIONS MEDICAL CERTIFICATE OF DEATH 19. 2. A. COLOR OR TAKE 10. A. COLOR OR TAKE 11. A. COLOR OR TAKE 12. A. COLOR OR TAKE 13. DATE 14. COLOR OR TAKE 15. DATE 16. DATE OF DEATH 16. DATE OF DEATH 17. A. COLOR OR TAKE 18. WHERE AS DISJASS CONTRACTED 19. A. COLOR OR TAKE 10. A. COLOR OR TAKE 11. DATE 12. A. COLOR OR TAKE 13. DATE 14. COLOR OR TAKE 15. DATE 16. DATE 17. A. COLOR OR TAKE 18. COLO	(a) Besidence. No		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (GIVE The WORL) 7. AFRICAD, WIDOWED, OR DIVORCED (GO) WIFE OF T3 and Clafer 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DATS H LESS than 1 AGE (COLUPATION OF DECEASED (a) Trade, prefession, or perfector kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer (d) NAME OF FATHER 10. NAME OF FATHER (STATE OR COUNTRY) 11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN MAME OF MOTHER S. SINGLE, MARRIED, WIDOWED OR DECEASED (A) DATE OF DEATH (MONTH, DAY AND YEAR) (B) DATE OF DEATH (MONTH, DAY AND YEAR) (B) DATE OF DEATH (MONTH, DAY AND YEAR) (CONTRIBUTORY. (CONTRIBUTORY. (STATE OR COUNTRY)		3. 77 1 1 1 77 0 11 04 04 04 14 17 18	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (corise the world) Flewards white management of the world	mos.	ds. How long in U.S., it of foreign birth? yrs. mos. ds.	
Figure 1 with the word of Divorced (order the word) 5a. If Marked, Widowed, or Divorced (or Divorced (or Wife of Flack Classes) 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS H.LESS than 1 day, branch (or Deaths was a structure) 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) (STATE OR COUNTRY) WAS THEREAN AUTORST (Signed) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) WHAT TEST CONFIRMED PAGGRETS) (Signed) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) WHAT TEST CONFIRMED PAGGRETS) (Signed) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) WHAT TEST CONFIRMED PAGGRETS) (Signed) M. D	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female white manual 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF BOACH CLASED 6. DATE OF BIRTH (MORTH, DAY AND YEAR) FLAT. 27 - 1854 7. AGE YEARS MONTHS DAYS II LESS than 1 day, brace or min 8. OCCUPATION OF DECEASED (a) Trade, profession, or perfectal 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 M. (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) WHAT TEST CONFIRMED DAGGETS) (Signed) 17. HE REBY CERTIFY, That I sitended deceased from Display. 18. JULY 20. 19.27, to Date of 19.27, and that death occurred, on the date stated above, at. //1" THE CAUSE OF DEATH* WAS AS FOLLOWS: (duration) THE CAUSE OF DEATH* WA		16. DATE OF DEATH (MONTH, DAY AND YEAR) A 3 0 19 3 2-	
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOACH CLOSE 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS H LESS than 1 day, bra- min 8. OCCUPATION OF DECEASED (a) Trade, profession, or perficular 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) (STATE OR COUNTRY) WAS THEREAN AUTOPSY: (Signed) M. D HEREBY CERTIFY, That I sitended deceased from . Diff. 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19. 22. that I last as wh. A.E. alive on . 19.		700	
HUSBAND OF GOLDEN 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day, bridge on 3 day, brid		41 ···	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10. 27 - 1834 7. AGE YEARS MONTHS DAYS II LESS than 1 day, hr. or min. 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). (STATE OR COUNTRY) 10. NAME OF FATHER M	HUSBAND OF		
death occurred, on the date stated above, at. THE CAUSE OF DEATH* WAS AS FOLLOWS: T	(OR) WIFE OF TSach alexan	that I last saw hatter elive on	
7. AGE YEARS MONTHS DAYS II LESS than 1 day,brs. ormin. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work	C DATE OF DISTRICT	death occurred, on the date stated above, at	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, hesiness, 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 (CITY OR TOWN) (STATE OR COUNTRY) What TEST CONFIRMED DIAGNOSTI. (Sidned)		THE CAUSE OF DEATH® WAS AS FOLLOWS:	
8. OCCUPATION OF DECEASED (a) Trade, profession, or 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) WAS THEREAN AUTOPSY!. (Signed). WHAT TEST CONFIRMED DAGGEDS! (Signed). M. D. (Signed). M. D.		nutral insufficiency	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular 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). (STATE OR COUNTRY) Was there has disease contracted IF NOTAT PLEEFOF DEATH!. DID AN OBERATION PRECEDE DEATH!. DID AN OBERATION PRECEDE DEATH!. (Signed). WHAT TEST CONFIRME DEACHOST): (Signed). (Signed). (Maration). WHAT TEST CONFIRME DEACHOST): (Signed). (Signed). (Maration). (Signed). (Maration). (Maratio	68 10 3		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular 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) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (Signed) (duration) (duration) (duration) (secondary) (duration) (secondary) 18. Where as dislass contracted if not at plice of deaths. (State or country) What test confirmed dagnession (Signed) (Signed) (Signed) (Maiden)			
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) What Test confirmed diagnostic What Test confirmed diagnostic What Test confirmed diagnostic (Signed) What December 1. A. D. Date of Many Diagnostic What Test confirmed diagnostic (Signed) M. D. Date of Many Diagnostic (Signed)	•	II '	
(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) WAS THEREAN AUTOPSY: (Signed) WHAT TEST CONFIRMED DIAGNOST) WHAT TEST CONFIRMED DIAGNOST) (Signed) (Signed) (Signed) (MURRITHORY (SECONDARY) (Autration) (Signed) (Signed) (Signed) (Autration) (Autration) (Autration) (Autration) (Signed) (Signed) (Signed)		(duration) yrs. 3 mag. da	
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) What Test confirmed diagnostic What Test confirmed diagnostic (Signed) What Test confirmed diagnostic (Signed) (Signed) M. D	1)	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) What test confirme diagnostic (Signed) What test confirme diagnostic (Signed) (Signed) (Signed)			
(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) WHAT TEST CONFIRMED DISCUSSION (Signed) WHAT TEST CONFIRMED DISCUSSION (Signed) (Signed) (Signed)	which employed (or employer)	(duration) yrs. mes. ds	
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) WHAT TEST CONFIRMED DIAGRASS (Signed) WHAT TEST CONFIRMED DIAGRASS (MICH.) (Signed) (Signed) (Signed)	(c) Name of employer		
(STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) WHAT TEST CONFIRME DIAGRESS) (Signed) (Signed) (Signed) (Signed)	A DIDTUDI ACE (CONT. OR TOWN)	10. WHERE DAS DISPASE CONTRACTED	
10. NAME OF FATHER M. (IF HOT AT PLICE OF DEATH!	
11. BIRTHPLACE OF FATHER (CITY OR TOWN)		DID AN OPERATION PRECEDE DEATHY. 2.0. DATE OF	
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (State OR COUNTRY) WHAT TEST CONFIRME DIAGRASS) (Signed) (Signed) (Signed) (Signed)	10. NAME OF FATHER W Summer	WAS THERMAN AUTORSYZ 70 D	
(STATE OR COUNTRY) Kentucky (Signed) (Signed), M. D	AL DIDTINIAGE OF FAMILIES (
(Signed) (Signed) M. D	(STATE OF COUNTRY)	WHAT TEST CONFIRMED DIAGNOSDI	
12 MAIDEN NAME OF MOTHER S	(SIATE OR WORTH)	(Signed), M. D	
a 12 MANDER HAME OF MOTHER Sally Succession 119 (Address) O Ling sally Mo.	12. MAIDEN NAME OF MOTHER Sally Sums	, 19 (Address) & turg race mo.	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)		
(STATE OF COUNTRY) (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or		(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or	
HOMICIDAL. (See reverse side for additional space.)		HOMICTDAL. (See reverse side for additional space.)	
INFORMANT JOILE STATE 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL		19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL	
(Address) Strice on. With	(Address) Strice	met of the land of	
15. 20 UNDERTAKER ADDRESS	15.	10 INDEPTACE	
FRED AND 197 h. Left W. W. T.		ADDRESS	
A REGISTEAR Halle Entered Strawer It	REGISTRAR	Halle Esteral Strange M	
		The state of the s	

Revised United States Standard Certificate of Death

(Approved by U. S. Consus and American Public Helath
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 fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("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," "Anomia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Homorrhage," "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 "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. 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, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetantus," But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.