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

338	02
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1. PLACE OF DEATH Compt. Buchanan Township. St. JOSEPh, (No. 1012 ROCSEVEL T. No. 1017 Reduction Desiret No. 1017 Reduction No. 1017 Reduction No. 1017 Reduction No. 1012 ROCSEVEL L. No. 1012 R. No. 1012 ROCSEVEL L. No. 1012 ROCSEVEL L. No. 1012 R.		CERTIFICATE OF DEATH	4000g
Township. St. JOSEPh., (No. 1012 ROCSEVELT NOTILE). 2. FULL NAME William Ramsey Adams, (a) Resteree. No. 1012 ROSSEVELT NOTILE, St. Ward. (b) Resteree. No. 1012 ROSSEVELT AVE. St. Ward. (c) Resteree. No. 1012 ROSSEVELT AVE. St. Ward. (c) Resteree. No. 1012 ROSSEVELT AVE. St. Ward. (d) Resteree. No. 1012 Rossevelt Ave. No. 1012 Rossev		ช ร	•
2. FULL NAME William Ramsey Adams, (a) Residence, No. 1012 ROOSEVEL AVE. St. (b) Residence, No. 1012 ROOSEVEL AVE. St. (c) Residence in No. 1012 ROOSEVEL AVE. St. (c) Residence in No. 1012 ROOSEVEL AVE. St. (c) Residence in No. 1012 ROOSEVEL AVE. St. (d) Residence in the wind in the state of the state of current and State) PERSONAL AND STATISTICAL PARTICULARS: (a) Male C White Married. (b) Married. (c) White Married. (d) General subset of leading. (d) General subset of leading. (d) General subset of leading. (e) White Married. (for white melloyer and subset of lands. (for white melloyer and subset of leading. (for white melloyer and subset of lands. (for white melloyer and subset.	County Buchanan		File No.
2. FULL NAME William Ramsey Adams, (a) Residence, No. 1012 ROOSEVEL AVE. St. (b) Residence, No. 1012 ROOSEVEL AVE. St. (c) Residence in No. 1012 ROOSEVEL AVE. St. (c) Residence in No. 1012 ROOSEVEL AVE. St. (c) Residence in No. 1012 ROOSEVEL AVE. St. (d) Residence in the wind in the state of the state of current and State) PERSONAL AND STATISTICAL PARTICULARS: (a) Male C White Married. (b) Married. (c) White Married. (d) General subset of leading. (d) General subset of leading. (d) General subset of leading. (e) White Married. (for white melloyer and subset of lands. (for white melloyer and subset of leading. (for white melloyer and subset of lands. (for white melloyer and subset.	Township	Primary Registration District No.	Registered No.
(If normalisms give city or town and State) Length of residence in city or town where death occurred 22 yrs. max. PERSONAL AND STATISTICAL PARTICULARS: 3. SEX 4. COLOR OR RACE White White White White White White White White ACTION OF DEATH 16. DATE OF DEATH (MONTH, DAY AND YEAR) ACTION OF DECASED (17) MARRIED, WHOWED, one Divorced (18) General safety of blackers, basiness, or establishment in white membryod (or employer) (19) Where a state of blackers, basiness, or establishment in white membryod (or employer) (10) Where or state of blackers, basiness, or establishment in white membryod (or employer) (10) Where or state of blackers, basiness, or establishment in white membryod (or employer) (10) Name of employer 11. BIRTHPLACE (CITY OR TOWN) Lafay at the COUNTRY) Missouri, (STATE OR COUNTRY) Missouri	Giy St. Joseph, (i	No. TOIS KOOSEASIC MASH	
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Deficiency of the other control of the country of the social states of the country of the cou	(Usual place of abode)	6.0	
3. SEX 4. COLOR OR RACE DIVORCED (wife the world) Male White Married. 5. Single, Married Divorced (wife the world) Married. 5. If Married Wildowed, or Divorced Harried. 5. If Married Wildowed, or Divorced Harried. 5. If Married Wildowed, or Divorced Harried. 6. DATE OF BIRTH (MONTH, DAY AND YEAR) JUNE 15th. 1841. 7. AGE YEARS MONTHS DAYS HESSIGN, or particular kind of work Retired Farmer, (b) General nature of industry, business, or establishment in which employed (or employed) (c) Name of employer 9. BIRTHFLACE (CITY OR TOWN) LA FAY, ettle COUNTY, (STATE OR COUNTRY) MISSOURI, 10. NAME OF FATHER Smith Adams, 11. BIRTHFLACE OF FATHER (CITY OR TOWN) Married (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) Married (STATE OR COUNTRY) 13. BIRTHFLACE OF FATHER (CITY OR TOWN) Married (STATE OR COUNTRY) 14. DOZOMANT MARRIED WILDOWS (STATE OR COUNTRY) 15. BIRTHFLACE OF MOTHER (CITY OR TOWN) Married (STATE OR COUNTRY) 16. DATE OF DEATH (MONTH, DAY AND YEAR) JUNE 11 LIST and DATE OF A TOWN (Address) DATE OF A TOWN (Address) DATE OF A TOWN (Address) DATE OF BURIAL (Side of Base) June 12 Line 12	Length of residence in city or town where death occurred	CC yrs. mos. da. How long	in U.S., if of foreign birth? yrs. mos. ds.
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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 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," "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 childbirth 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 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, totantus." 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.