MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
1. PLACE OF DEATH	85
County Call Manager Registration District N	1001 Pile No. 100
Township Primary Registration District No. Registered No. 2	
City St. (No	
2. FULL NAME William Showas Cyracl	
(a) Besidence, No. 41 B. Valley St., D. Ward.	
(Usual place of abode) (Usual place of abode) Length of residence in city or town where death occurred 2 1712. mos. ds. How long in U.S., if of foreign birth? 1712. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS	2 MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR	16. DATE OF DEATH (MONTH, DAY AND YEAR) /- /- 1923
My Divorced (write the word)	17.
Sa. IF MARRIED, WIDOWED, DR DIVORCED	1 HEREBY CERTIFY, That I attended deceased from
HUSBAND OF (OR) WIFE OF	that I last gave because alive on 19.2 and that
March Mace	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 than 1	814 Paralisis acute ascendi
53 6 /6 day,	82.11
8. OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work	(duration) 775. 2 wos de
particular kind of work (b) General nature of industry,	CONTRIBUTORY Demagalle of the Bries
business, or establishment in	(SECONDARY)
which employed (or employer)	(duration)
(c) Name of employer	18. WHERE WAS DISEASE CONTRACTED
9. BIRTHPLACE (CITY OR TOWN)	IBNOT AT PLACE OF DEATHY.
(STATE OR COUNTRY)	O DID AN OPERATION PRECEDE DEATHS. M.D. DATE OF.
10. NAME OF FATHER CALDADONA, CAN	CONAS THERE AN AUTOPSYL
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED PIAGNOSIST
(STATE OR COUNTRY)	((Signed) There of Inner, M. D.
12. MAIDEN NAME OF MOTHER AND ENTIRELY	(Au , 1923 (Address) 4 3 Cat Hyde Park
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state
(STATE OR COUNTRY)	(f) Means and Nature of Injust, and (2) whether Accidental, Suicidal, or Hosticidal. (See reverse side for additional space.)
14. Alokar	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
(Address) LOCAL COLOR	10 x 100 x 2 102
15. JAN & 1920 Card Atteniagon	20. UNDERTAKER ADDRESS
FILED 19 COZIL TIUMSON REGISTRAS	Y. 11/9/ 1 2 21/11/11
DEfectly	THE VICTORIANIES

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. WRITE PLAINLY, WITH UNFADING INK --- I HIS IS A FERMANEN! RECORD

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 Scrvant, 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, periloneum, 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, OF HOMICIDAL, OF 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.)

Nors.—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, crysipelas, 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.