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

	,	ENTIFICAT	E OF DEATH				
1	. PLACE OF DEATH		682		30889		
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	and the second s	Registration	District No. 5910	Registered No			
	City			St.	Ward)		
2	FULL NAME X OVM CC CO	$\nu \nu u u$	won.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	(a) Residence No. (Usual place of abode)	St.,		, ?=======			
1	ength of residence in city or town where death occurred yrs.	mos.	ds. How long in U.S., if	f nonresident give city : of foreign birth?	or town and State) yrs. mes. ds.		
	PERSONAL AND STATISTICAL PARTICULARS		/ MEDICAL CE	RTIFICATE OF DE	EATH		
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W Proced (write the	(thowen or word)	16. DATE OF DEATH (MONTH, D/		PT 25/2 1923		
5,	N. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	e.	HEREBY CERTI	, to	, 19		
E	DATE OF BIRTH (MONTH, DAY AND YEAR)		death occurred, on the date stated abo	-			
		SS than 1	THE CAUSE OF DEATH*	WAS AS FOLLOWS:			
	/ a 0 day,	hrs.	apopli	44			
8.	(e) Trade, profession, or particular kind of work			(duration)			
	(b) General nature of industry, business, or establishment in which employed (or employer)		CONTRIBUTORY(SECONDARY)	(duration)			
	(c) Name of employer		18. WHERE WAS DISEASE CONTRACTED				
	BIRTHPLACE (CITY OR TOWN)		i i	, ,			
7.	(STATE OR COUNTRY)	//	IF NOT AT PLACE OF DEATH?	1/2			
	10. NAME OF FATHER		DID AN OPERATION PRECEDE DEA	THT			
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	13. BIRTHPLACE OF MOTHER CITY OR TOWN)		*State the Dishabs Causing Death, or in death from Violent Causes, state (1) Means and Nature of Injust, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)				
14.	INFORMANT OSCAR Auderson		19. PLACE OF BURIAL, CREMAT	TION, OR REMOVAL	DATE OF BURIAL		
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15.	FILED	REGISTRAR	20. UNDPRESAMER	as V	ADDRESS		
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Revised United States Standard Certificate of Death

[Approved by U. S. Gengus 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) Salesmay, (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 procise specification, as Day laborer, Farm laborer, a 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, etate 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 cenebrospinal 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 neoplesms); Measles; Whooping cough; Chronie palvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intergurrent) affection need not be stated unless important. Example: Megsles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Come," "Convul- " sions," "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 "PUBRPERAL septicemia," "PUERPERAL peritonitie," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE MEANS OF INJURY and qualify 88 ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF 88 probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train, accidents Revolver wound of headhomicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., servis, telenus) 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 Olys states: "Octificates 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, hemorphage, gangrene, gastritis, erweipelas, mepitagitis, miscarriage, necrosis, peritonitis, phighitis, pyemis, septicently, tetaques." But general adoption of the minimum hist suggested will work tast improvement, and its scope can be extended at a juster date.

Additional brach for further statements by physician.

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

Township Colors Prinsay Registration Disort No. Prinsay Registration D	1. PLACE OF DEATH	Redistration District No	682			
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rcgistaars small not receive a fee for certificates until they are complete as prescribed

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. VIOLENT DEATHS State MEANS OF INJURY and qualify 88 ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 88 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.)

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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, 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.