## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

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Township Selection of Part of Mark Primary Registeration District No. 550 1 Begistered No. 1017 No. 1		CERTIFICAT	E OF DEATH	, ,	29	872
Township, S. M. J. St. (No. St. Word)  2. FULL MANE  (I) Rankeren No. (No. (No. St. Word)  2. FULL MANE  (I) Rankeren No. (Unsal place of abode)  Length of residence in city or town where death occurred yr. Deep it. How load in U.S. if of Ironical barbty yr. Deep it. How load in U.S. if of Ironical barbty yr. Deep it. How load in U.S. if of Ironical barbty yr. Deep it. How load in U.S. if of Ironical barbty yr. Deep it. How load in U.S. if of Ironical barbty yr. Deep it. Deep it. How load in U.S. if of Ironical barbty yr. Deep it. Deep i	1. PLACE OF DEATH		347		<b>34</b> 14	
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Length of residence in city or town where death occurred   y12.   DOD.	· · · · · · · · · · · · · · · · · · ·	•				***************************************
Length of residence in city or town where death occurred   y12.   DOD.	(a) Residence. No(Usual place of abode)	St.,	Ward.	(If nonre	sident give city or to	own and State)
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death occurred, on the date stated above, at	HUSBAND OF	tadsell "		٠, 19.٨,., ١٠,٠	بينان بينان المراكبة الريد 10	
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14. INFORMANT COUNTRY)  14. INFORMANT COUNTRY  15. OUT 16 - 9 2 8 8 16 16 216 2 20 UNDERTAKER  16. STATE OR COUNTRY)  17. HOSTICTOLL. (See reverse side for additional space.)  18. HOSTICTOLL. (See reverse side for additional space.)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLAC	13. BIRTHPLACE OF MOTHER (CITY OR TOWN).					
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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

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"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 symptomatie), "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, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, 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.

Additional space for further statements for physician.

PLACE OF DEATH  Conty  Conty  Registeration District No.  Registeration No.  Registeration District No.  Registeration No.  Registeration District No.  Registeration No.  Registeration District No.  Registeration District No.  Registeration District No.  Registeration No.  (If nonresident give dity of town and the No.  Registeration	RTIFICATE OF DEATH	
2. FULL NAME  (a) Residence. (b) Residence. (C) State of Country)  St.  (C) Residence. (C) Residence. (C) State of Country)  (C) Name of FATHER (CITY on Form)  (C) Nation Name Of MOTHER  (C) State of Country)  (C) Name of FATHER (CITY on Form)  (C) State of Country)  (C) Name of FATHER (CITY on Form)  (C) State of Country)  (C) Name of PATHER (CITY on Form)  (C) Name of PATHER (CI	egistration District No. 55001 Registered No.	
Length of residence in city or town where death occurred yes da How long in U.S., if of foreign birth? yes me	Hadsell	w era )
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED. WIDOWED OR DIVORCED (write the word)  17. I MERE BY CEPTIFY, That I sitended deceased from HUSBAND or Living April 100 (an) WIFF or (GR) WIFF or (GR) WIFF or FORM AND YEAR)  6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. AGE YEARS MONTHS DAYS II LESS than I day,		_
DIVORCED (serie the word)  5a. If Married. Whowed, or Divorced HUSBAND or Larna Fraction of HUSBAND or Larna Fraction of Larna Fraction or Larna Fraction of L	MEDICAL CERTIFICATE OF DEATH	
6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. AGE YEARS MONTHS DAYS II LESS than I day, has of PLOWS:  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 SILLIAM REPORTS  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  14. What Test Contributed Diagnosist.  (State OR COUNTRY)  13. BIRTHPLACE OF MOTHER  14. MAIDEN NAME OF MOTHER  15. What Test Contributed Diagnosist.  (State OR COUNTRY)  16. DATE OF MOTHER  17. AGE  18. Where was Disease Contracted  19. If NOT AT PLACE OF DEATH!  Was THERE AN AUTOPYY!  What Test Contributed Diagnosist.  (State OR COUNTRY)  10. Mains NAME OF MOTHER  11. BIRTHPLACE OF MOTHER  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. Mains AND NATURE, or in deaths from Violence (I) Mains AND NATURE, or in deaths from Violence (II) Mains AND NATURE, and (I) Mains AND NATURE, and (I) Whether Accidence of the cather and the cath	17.  ! HEREBY CEPTIFY, That I attended deceased from	L 19 .
7. AGE YEARS MONTHS DAYS II LESS than 1 day, hrs. hrs. hrs. hrs. hrs. hrs. hrs. hrs.	that I last now hand a very hard and the death occurred, on the date visited shove, at	, 19.,2 and :
(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 Structure and the structure of the structur	than 1 Chapley 9	*****************
9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER STATES TOWN  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. WHERE WAS DISEASE CONTRACTED  15. WHERE WAS DISEASE CONTRACTED  16. WHERE WAS DISEASE CONTRACTED  17. NOT AT PLACE OF DEATH.  WAS THERE AN AUTOPSY?  (Signed)  (Signed)  (Signed)  (Signed)  13. BIRTHPLACE OF MOTHER  (CITY OR TOWN)  14. BIRTHPLACE OF MOTHER  (Signed)  (Sig	CONTRIBUTORY Old ag &	
DID AN OPERATION PRECEDE DEATH? DATE OF  10. NAME OF FATHER Stephen ACCIDENTAL  11. BIRTHPLACE OF FATHER (CITY OR DWA)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER STATE TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  *State the Dibbabb Causing Death, or in deaths from Violentz (1) Means and Natures of Injury, and (2) whether Accidental, Howicidal (See reverse side for additional space.)		
WAS THERE AN AUTOPSY!  11. BIRTHPLACE OF FATHER (CITY OR DWALL.  (State or country)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (State or country)  *State the Dibbabb Causing Death, or in deaths from Violenz (1) Means and Natures of Indust, and (2) whether Accidental, Homicidal. (See reverse side for additional space.)	<b>'</b>	
(Signed) (Si	Was there an autopsyl	·····
13. BIRTHPLACE OF MOTHER (CUTUM TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (Address)  (State the Disease Causing Death, or in deaths from Violenz (1) Means and Natures of Indust, and (2) whether Accidental, Homicidal. (See reverse side for additional space.)		
(STATE OR COUNTRY)  (STATE OR COUNTRY)  (See reverse side for additional space.)	i i	
14. HATE OF DURING CREMATION OR REMOVAL I DATE OF	(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental,	
10 0	19. PLACE OF BURIAL, CREMATION, OR REMOVAL   DATE O	BURIAL
14. INFORMANT Word Hadrell  (Address) Coal Mod  15. END MON 15 1935 & & Banda 20. UNDERTAKER  (SOF FOR FEB BLOS TO SIGNIFICATION, OR REMOVAL DATE OF SURFICIENT STATES BLOS TO SIGNIFICATION OF REMOVAL DATE OF SURFICE STATES BLOS TO SIGNIFICATION OF REMOVAL DATE OF SURFICE STATES BLOS TO SIGNIFICATION OF REMOVAL DATE OF SURFICE STATES BLOS TO SIGNIFICATION OF REMOVAL DATE OF SURFICE STATES BLOS TO SURFICE STATES		

## 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, BUICIDAL, 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.)

Norm.—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: "Certificate, 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, phichitis, 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.