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

1. PLACE OF DEATH County Seminary Seminary Registration District No. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	CERTIFI	CATE OF DEATH
Primary Registration District No. St. Ward City Manuel Communication of the control of the con	1. PLACE OF DEATH	α
Primary Registration District No. St. Ward City Manuel Completed No. St. Ward (In Secretary No. (Urual place of abode) Length of rediscore in only or town where death occurred The mos. Diverges of the state of the stat	County Danille Refistration Dies	36927
City County and State (No. 1) Residence in City or town where death occurred yrames. St. 10 Nard (Usual place of abode) Length of residence in city or town where death occurred yrames. da. How long in U.S., if of foreign birth? yrames. da. How long in U.S., if		- 12.42A
2. FULL NAME (a) Residence. No Length of residence is only or town shore death occurred yr Dength of residence is only or town shore death occurred yr PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SHALLE MASSIED, WIDOWED ON DIVERCED ON DIVERCED (with the played) 15. DATE OF DEATH (MONTH, DAY AND YEAR) 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. AGE YEARS MONTHS DATS 18. LESS than 1. Age and that death occurred on the date stated above, st (a) Trade, profession, or purchase that death occurred, on the date stated above, st (b) General nature of industry, barbanes, or exhibitances in which employed (or employer) (c) Name of employer 10. NAME OF FATHER 11. DIRTHIPLACE (CITY OR TORN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TORN) (STATE OR COUNTRY) 13. MISTRE AN AUTORY. WHAT THERE AN AUTORY. WHAT THERE AN AUTORY. (Signed) MALLE AND DATE OF BURNAL 14. PLACE OF BURNAL (OR TERMONAL) DATE OF BURNAL 15. PLACE OF BURNAL (OR TERMONAL) DATE OF BURNAL 16. DATE OF BURNAL 17. AGE YEARS MEDICAL CERTIFICATE OF DEATH 18. DATE OF DEATH (If nonresident give city or town and State) The foreign burner, day of foreign burner, day of the state of border in the property of the state of border in the property of the state of border in the played of the played in the played of the played o		MCEDICA COL 1104
(a) Reddence. No. Length of residence is city or town where death occurred FERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. Single, Mignette, Middle of the State of Death 15. DATE OF DEATH (MONTH, DAY AND YEAR) 17. AGE 18. THE REBY CERTIFY. That Lettended deceased from Months of the State stated above, at the State of Death of the State of Death of the State of State of Death of the State of Death of	Side II	Ward)
Dength of residence in city or town where death occurred 772. PERSONAL AND STATISTICAL PARTICULARY TO THE TOWN OF PERSONAL AND STATISTICAL PARTICULARY TO THE PROPERTY OF DEATH STATE OF		e appear
Dength of residence in city or town where death occurred 772. PERSONAL AND STATISTICAL PARTICULARY TO THE TOWN OF PERSONAL AND STATISTICAL PARTICULARY TO THE PROPERTY OF DEATH STATE OF	(a) Residence. No	St.,
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DIVORCED DIVORCED (orbit the short) 5. If MARRIED, WIDOWED, OR DIVORCED (03) WIFE OF 6. DATE OF DEATH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DATS II LESS than 1. AGE, melession, or pericular kind of work (b) General nature of Industry, besides, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF FATHER 13. BIRTHPLACE OF MOTHER CITY OR TOWN) (STATE OR COUNTRY) 14. INTORMANT 15. DATE OF BIRTAL CREMATION, OR REMOVAL DATE OF BIRTAL 16. DATE OF BIRTAL CREMATION, OR REMOVAL DATE OF BIRTAL 16. DATE OF DEATH (MONTH, DAY AND YEAR) 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. AGE 18. WIERE WAS DISEASE CONTRACTED 19. MAN OF PATHER 19. DATE OF MOTHER CITY OR TOWN) 19. PLACE OF BIRTAL CREMATION, OR REMOVAL DATE OF BIRTAL	Length of residence in city or town where death occurred yrs. m	one de Hamiland II et de de ce bane
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (grait the plant) 5A. HE MARRIED, WIDOWED, OR DIVORCED HUSAND OR OR DIVORCED (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS thas 17. 40. Grant and the determination of the destroy of th		ds.
15. DATE OF DEATH (MONTH, DAY AND YEAR) 17. AGE YEARS MONTHS DAYS II LESS than 1.7 18. OCCUPATION OF DECEASED (a) Trade, profession, or perficular kind of work. (b) Great autino of Industry, business, or establishment in which employed (or employer) 19. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER CUTY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INTOCMMENT JURIS (SECRED DEATH), M. D. DATE OF BURIAL (STATE OR COUNTRY) 15. DATE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 16. DATE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 17. JURIS DATE OF BURIAL 18. DATE OF DEATH (MONTH, DAY AND YEAR) 19. JO AM OF DEATH (MONTH, DAY	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSSAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS Chara 1 6. OCCUPATION OF DECEASED (a) Trade, profession, or perficular kind of work (b) General nature of industry, business, or establishment in which employed (or engloyer) (c) Name of employer 10. NAME OF FATHER (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER REQUESTED (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER REQUESTED (STATE OR COUNTRY) 14. INFORMMENT ACROSS AND	J. SINGLE, WIARRIED, WIDOWED O	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WHE OR OF (OR) WHE OR OF (OR) WHE OF	DIVORCED (correct the word)	
HUSBAND OF (OR) WHE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than 1 / day, branded and the date stated above, at. THE CAUSE OF DEATH® WAS AS FOLLOWS: (a) Trade, profession, or particular kind of weak. (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer (d) STATE OR COUNTRY) 11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF FATHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) WHAT TEST CONCIUMED DIAGNOSIST (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT OR NATURE OF INTURY, and (2) whather Accumental English Country and (3) whather Accumental English Co	Sa Je Minney Williams	II
that I lest aw h	II ITUSBAND OF	19 to 12 19
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than 1 day, bra. or 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) Nane of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER CETTY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. IHPORMANT 15. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL 16. DATE OF BURIAL 17. AGE THE CAUSE OF DEATH** (duration)	(UK) WIFE OF	that I last saw har alive on 1993 and that
7. AGE YEARS MONTHS DAYS II LESS than 1 day, how min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perficular 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 OF TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) 14. INFORMANT 15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 16. MORE MAN TEST OR SURVALLA OR SURVALLA OF HURSTALL (See TRYPTS and 12) Whether ACCUPANTAL SURCEMAN OF HURSTALL (See TRYPTS and 2) Whether ACCUPANTAL SURCEMAN OF HURSTALL (See TRYPTS and 3) PLACE OF BURIAL 15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL	6. DATE OF BIRTH (MONTH DAY AND YEAR)	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, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) WHAT TEST CONFIRMED DIAGNOSIST (STATE OR COUNTRY) POSSIBLE the DEBBASE CAUBING DEATH, or in deaths from Violent Accuracy Spile (I) Means and Nature of Buture, and (2) whether Accuracy Spile HIGHERMAL (See PREVIOUS died for an delicinal space.) 14. INFORMANT AND THE OF BURIAL 15. PLACE OF BURIAL. CREMATION, OR REMOVAL DATE OF BURIAL	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	THE CAUSE OF DEATH WAS AS FOLLOWS:
8. OCCUPATION OF DECEASED (a) Trade, profession, or puricular 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) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) (MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) (MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) (MAIDEN NAME OF MOTHER (CITY OR TOWN) (MAINS ARD NATURE OF INJURY, and (2) whether Accumental, Guitterland, City or Town of Mains and Nature of Injury, and (2) whether Accumental, City or Mother Accumental, City o	I LESS than 1	
8. OCCUPATION OF DECEASED (a) Trade, profession, or pericular kind of wark (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 (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER ROUGH (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER ROUGH (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT 15. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL 16. DIRTHPLACE OF MOTHER (CITY OR TOWN) 16. DIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL 18. WHERE WAS DISEASE CONTRACTED 19. BIRTHPLACE OF FATHER (CITY OR TOWN) WAS THÊRE AN AUTOPSY! (Sidned) 19. Address) 19. Address Of LUCY 10. Whether Accuracy State 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) 12. MAIDEN NAME OF J. BURIAL 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT 15. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL		
(a) Trade, profession, or pericular kind of work (b) General nature of industry, besiness, 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 REQUIRED (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT 15. PLACE OF BURIAL CREMATION, OR REMOVAL I DATE OF BURIAL 16. INFORMANT 17. DATE OF BURIAL (Secondary) (duration) (duratio	8. OCCUPATION OF DECEASED	
(b) General nature of industry, business, or establishment in which 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 REPUBLISHMENT 13. BIRTHPLACE OF MOTHER REPUBLISHMENT (STATE OR COUNTRY) 14. INFORMANT 15. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL 16. DATE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL		li .
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) 12. MAIDEN NAME OF MOTHER REQUESTED 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT 15. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL	perficular kind of work	
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 OF TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER REQUESTED 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INTORMANT 15. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL 16. NAME OF BURIAL 17. DATE OF GUINTAN 18. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 19. HOT AT PLACE OF DEATH! 10. NAME OF FATHER (CITY OF TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INTORMANT 15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL		CONTRIBUTORY
(c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OF TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OF TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER ROUGH (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) (STATE OR COUNTRY) 14. INFORMANT DATE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 15. WHERE WAS DISEASE CONTRACTED (If HOST AT PLACE OF DEATH, A.V. DATE OF (State of Death,		(SECONDARY)
9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OF TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT 15. MOT AT PLACE OF DEATH? (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATH? WAS THERE AN AUTOPSYT. WAS THERE AN AUTOPSYT. (Signed) (Signed)		(duration)
(STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OB TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. IMPORMANT 15. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 16. MEANS AND NATURE OF BURIAL (See PSYSTEM SIDE OF BURIAL OF BURIAL OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL CREMATICA		18. WHERE WAS DISEASE CONTRACTED
10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OF TOWN) 12. MAIDEN NAME OF MOTHER CETY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT 15. NAME OF FATHER 16. DID AN OPERATION PRECEDE DEATHY. WAS THÊRE AN AUTOPSYT. WHAT YEST CONFIRMED DIAGNOSIST. (Signed). (S		IF NOT AT PLACE OF DEATHY
WAS THERE AN AUTOPSYT. WHAT YEST CONFIRMED DIAGNOSIST. (STATE OR COUNTRY) WHAT YEST CONFIRMED DIAGNOSIST. (Signed).		
11. BIRTHPLACE OF FATHER (CITY OF TOWN) 12. MAIDEN NAME OF MOTHER CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) 16. INFORMANT 17. BIRTHPLACE OF MOTHER (CITY OR TOWN) 18. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL	10. NAME OF FATHER	1
(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER REAL GILLON (Signed)	A DISTRIBUTION OF THE PARTY OF	WAS THERE AN AUTOPSYT
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	(STATE OF COURSES)	WHAT TEST CONFIRMED DIAGNOSIST
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	(SIATE OF COUNTRY)	(Signed) & & Shellon
(STATE OR COUNTRY) (1) MEANS AND NATURE OF INJURY, and (2) whether Account Carrier Homicidal. (See reverse side for additional space.) 14. 15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL		, 19 (Address) Q Q
(STATE OR COUNTRY) (1) MEANS AND NATURE OF INJURY, and (2) whether Account Carrier Homicidal. (See reverse side for additional space.) 14. 15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Drawer Common Days on the State of
14. HORIGINAL (See Favering ands for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL		(1) MEANS AND NATURE OF INJURY, and (2) whether Assuments Superior
	14.	HOMICIDAL. (See reverse side for additional space.)
(Address) Policies VIII AM Market Market		19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
	(Address) Colder	Sel da O Victoria
15. 3/17 and 10/15 while 20, UNDERTAKER	3/1/	20. LINDERTAKED 19.
FILEDO 19 ADDRESS	FILEDON 19.	ADDRESS
- Willin Glady	The state of the s	William George

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 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, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Accidental drowning; struck by rail-Examples: way 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: "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, microsis, peritonitis, phlebitis, pyemia, septicemia, tetrnitus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later

ADDITIONAL SPACE FOR FURTHER STATEMENTS
DY PHYSICIAN.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

, CERTIFICATE OF DEATH			
1. PLACE OF DEATH /			
County Registration District	No. 56/ Pile No.	*********	
Township Primary Registration District No. 4330 Registered No.			
City Class (No.			
2. FULL NAME The Lucille (Apperage)			
(a) Residence. No	(If nonresident give city of		
PERSONAL AND STATISTICAL PARTICULARS	ds. How load in U.S., if of foreign birth? MEDICAL CERTIFICATE OF DE	ATU	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR	II		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) 17.	C14 1923	
5A. IF MARRIED, WIDOWED, OR DIVORCED	i HEREBY CERTIFY, That I attended d		
HUSBAND OF (OR) WIFE OF	H	19	
	death occurred, on the data alest shove, at-	, 19, end that	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) XXXXII 23-1923	THE CAUSE OF DEATH - MAY AS FOLLOWS:		
7. AGE YEARS MONTHS DAYS If LESS than I	A Millian	-t10 .	
day,	13 /3 rough	ia	
B. OCCUPATION OF DECEASED			
(a) Trade, profession, or	A	<i>♣</i> [
particular kind of work	(detation) d		
(b) General nature of industry, business, or establishment in	(SECONDARY)		
which employed (or employer)		{ 	
(c) Name of employer			
9. BIRTHPLACE (CITY OR TOWN)			
(STATE OR COUNTRY)	IF NOT AT PLACE OF DEATH?		
	DID AN OPERATION PRECEDE DEATH! DATE OF		
10. NAME OF FATHER	WAS THERE AN AUTOPSY?		
11. BIRTHPLACE OF FATHER (CITY OF TOTAL)	ļ		
STATE OR COUNTRY)	STATE OR COUNTRY)		
(STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER	(Signed), M. D		
13. BIRTHPLACE OF MOTHER (CED OR TOWN)	*State the Dismass Causing Dearm, or in deaths from	VIOLENT CAUSES, stote	
(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJURY, and (2) whether A HOMICIDAL. (See reverse side for additional space.)	CCIDENTAL, SUICIDAL, OF	
14.	19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL	
(Address)			
15.	***************************************	19	
FILED A 1924 REGISTRAF	20. UNDERTAKER	ADDRESS	
REGISHOR),			
ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.			

Revised United States Standard Certificate of Death

(Approved by U. S. Consus 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 neoplasm); 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 peritonitie." etc. State cause for which surgical operation was undertaken. For violent deaths state means or 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 head-homicide; 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, phiebitis, pycmia, septicemia, tetanus," But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.