MISSOURI STATE BOARD OF HEALTH A

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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"); Tameoid fever (never report

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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: "Cortificates 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, phlobitis, 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

BY PHYSICIAN.

MISSOURI STATE BOARD OF HEALTH **BUREAU OF VITAL STATISTICS** LAW. CERTIFICATE OF DEATH 1. PLACE OF DEAT ¥ County... PRESCRIBED (a) Residence. idence. No......(Usual place of abode)Ward. AS (If nonresident give city or town and State) Leadth of residence in city or town where death occurred ARE COMPLETE How long in U.S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX COLOR OR RACE SINGLE MARRIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YES Divorcin (write the word) 17. CBR NIFY, That I attended deceased from 5a. IF MARRIED, WIDOWED, OR DIVORCED THEY HUSBAND OF (OR) WIFE OF CERTIFICATES UNTIL 6. DATE OF BIRTH (MONTH, DAY AND YEAR 7. AGE YEARS If LESS than 1 Монтиз DAYS day, ... hrs. min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (b) General nature of industry, 5 8 business, or establishment in which employed (or employer)... (c) Name of employer H H H 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) ⋖ IF NOT AT PLACE OF DEATH?..... (STATE OR COUNTRY) RECEIVE DID AN OPERATION PRECEDE DEATH?..... 10. NAME OF FATHER WAS THERE AN AUTOPSY?..... 11. BIRTHPLACE OF FATHER (CITY P PARENTS WHAT TEST CONFIRMED DIAGNOSIS: (STATE OR COUNTRY) (Signed)....., M. D SHALL 12. MAIDEN NAME OF MOTHER . 19 (Address) 13. BIRTHPLACE OF MOTHER (COT OR TOWN) *State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJUST, and (2) whether Accidental, Suicidal, or (STATE OR COUNTRY) REGISTRARS HOMICIDAL. (See reverce side for additional space.) 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) 15. 20. UNDERTAKER REGISTRAR .

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

DATE OF BURIAL

ADDRESS

19

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

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