## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH  Generally Company  Treath of the Company  The Name o		•	CERTIFICA	TE OF DEATH	4 4 9 9 6	
Township.  Or June 19 Color of abode)  2. FULL NAME  (a) Besidence No.  (b) Besidence No.  (c) Besidence No.  (c) Besidence No.  (d) Color OR RACE  (e) State Of Beath (worth do worth do wo	1.	PLACE OF DEATH		0.14	14336	
2. FULL NAME  2. FULL NAME  (No. Residence No. 1		County	- <del>-</del>	110	File No	
2. FULL NAME  (a) Backborne, No.  (b) Backborne, No.  (c) Backborne, No.  (c) Backborne, No.  (d) Backborne, No.  (e) Backborn		Township.	Primary Registration	District No. 47	Registered No.	
(a) Besidence No.  (b) Besidence (control piece of boods)  Length of reddence bedry of boods)  Length of reddence bedry of boods of boods.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX		Gio Musellorla (No.	<i>E</i> 0			
Length of residence in city or town where death occurred   \$ 775   6 mas. 0 ds.   Bow long in U.S., if of fereign birth   775 mas. ds.	2	<i></i>	F. Ma	irrow		
Length of residence in city or town where death occurred   \$ 775   6 mas. 0 ds.   Bow long in U.S., if of fereign birth   775 mas. ds.		(a) Residence. No. (Usual place of abode)	St.,		onresident give city or town and State)	
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED  5. IF MARRIED, WIDOWED, OR DIVERCED  5. ALTE OF BIRTH (MONTH), DAY AND YEAR)  5. ALTE OF BIRTH (MONTH), DAY AND YEAR)  6. DATE OF BIRTH (MONTH), DAY AND YEAR)  6. DATE OF BIRTH (MONTH), DAY AND YEAR)  7. AGE  YEARS  MONTHS  DAYS  11 LESS than 1  day,  br.  br.  6. OCCUPATION OF DECEASED  (a) Trade, profession, or:  particular flaid of wats.  (b) General nature of industry,  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER BASA M. JUSTIC  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INTORNAMT J. L.	L	ength of residence in city or town where death occurred	, 5 yrs. 6 mos.			
DIVORCED (crist the word)  SA. IT MARRIED, WIDOWED, OR DIVORCED  SA. IT MARRIED, WIDOWED, OR DIVORCED, OR DI	PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SA. IF MARRIED. WIDOWED, OR DIVORCED  (OR) WIFE OF JULY J. MONTHS  6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. AGE  YEARS  MONTHS  DAYS  II LESS than 1 day, hrs.  6. OCCUPATION OF DECEASED  (a) Trade, profession, or yearlieder 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)  II. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF MOTHER BAYAH M. LIST  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER BAYAH M. LIST  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER CITY OR TOWN)  (STATE OR COUNTRY)  14. INTORMANT J. FL. 1. M. LIST  (Address)  J. L. S.				16. DATE OF DEATH (MONTH, DAY	AND YEAR) May 4 1924	
EXISENSE OF DIRECTION OF DECEASED  8. OCCUPATION OF DECEASED  (a) Trade, profession, or perticular binded of work of the complying (or employer)  (b) General entire of industry, business, or establishment is which employed (or employer)  (c) Name of employer  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER BARDA M. AUSLIC  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER CITY OR TOWN)  14. INTORMANT PLace OF MOTHER (CITY OR TOWN)  15. END 7-7-19 2 M. August 15 2 M. August 16 2 M. August 17 2	_	1 Wia	lourd	W ***		
death occurred, on the date stated above, at	5a.	IF MARRIED, WIDOWED, OR DIVORCED				
eeath occurred, on the date stated above, at.  THE CAUSE OF DEATH® WAS AS FOLLOWS:  THE CAUSE OF DEATH WAS AS		(OR) WIFE OF GREEN J. TOTAL				
7. AGE YEARS MONTHS DAYS II LESS than I day, bris, brished by the control of the						
8. OCCUPATION OF DECEASED  (a) Trade, profession, or perfected kind of werk for the profession of the perfect of industry, business, or establishment is 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)  12. MAIDEN NAME OF MOTHER SATOR M. Luclus  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  15. STATE OR COUNTRY)  16. WERE WAS DISEASE CONTRACTED  17. DID AN OPERATION PRECEDE DEATH!  (Signed)  (Si	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			" - 0 0		
8. OCCUPATION OF DECEASED  (a) Trade, profession, or perticular kind of work  (b) General entire of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER OPP CLUT U. Hunter  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER BAROK M. LISH  13. BIRTHPLACE OF MOTHER CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (STATE OR COUNTRY)  15. INFORMANT  (STATE OR COUNTRY)  16. NAME OF FATHER (CITY OR TOWN)  (Signed)  17. LISH  (STATE OR COUNTRY)  (Signed)  (Signed)  (Signed)  (MAIDEN NAME OF MOTHER BAROK M. LISH  (STATE OR COUNTRY)  (Signed)  (STATE OR COUNTRY)  16. MAIDEN NAME OF MOTHER CITY OR TOWN)  (STATE OR COUNTRY)  17. LISH  (STATE OR COUNTRY)  (Signed)  18. WHERE WAS DISEASE CONTRACTED  IF NOT AT FLACE OF DEATH.  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (MAINE AND NATIONS OF INITIAL, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL (See reverse side for additional space.)  19. PLACE OF BURIAL CREMATION, OR REMOVAL  (Address)  (DULLS ELLULLE  20. UNDERTAKER  ADDRESS	7.	AGE YEARS MONTHS DAYS		Broncho On	reumonia	
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General uniture of industry, business, or establishment in which employer  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) Mr. Lelbrella IF NOT AT PLACE OF DEATH?  (STATE OR COUNTRY) MONTH MILE CONTRIBUTORY  10. NAME OF FATHER COTOCALT & Muniture  (STATE OR COUNTRY) MONTH MILE CONTRIBUTORY  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER Barch M. Leslie  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT MAKE OF MOTHER Barch M. Leslie  15. STATE OR COUNTRY)  16. STATE OR COUNTRY)  17. DIAMAND AND NATURE OF INJURY, and (2) whether Accordance, or Houseman, or in deaths from Violenty Cataria, state (1) Mains and Nature of Injury, and (2) whether Accordance, or Houseman, or in deaths from Violenty Cataria, state (1) Mains and Nature of Injury, and (2) whether Accordance, or Houseman, or in deaths from Violenty Cataria, state (1) Mains and Nature of Injury, and (2) whether Accordance, Strictman, or Houseman, or in deaths from Violenty Cataria, Strictman, or Houseman, or Injury, and (2) whether Accordance, Strictman, or Houseman, Or Removal.  14. INFORMANT MATCHER OF MOTHER CATARIA, Strictman, or Injury, and (2) whether Accordance, Strictman, or Houseman, or Injury, and (2) whether Accordance, Strictman, or Houseman, or Injury, and (2) whether Accordance, Strictman, or Houseman, or Injury, and (2) whether Accordance, Strictman, or Houseman, or Injury, and (2) whether Accordance, Strictman, or Houseman, or Injury, and (2) whether Accordance, Strictman, or Injury, and (3)		65 6 0		10-19	1 4 5 66	
(a) Trade, profession, or purificial hind of work  (b) General unitare of industry, business, or establishment in which employer (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER GOODLIT (L. Hunter)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER Barch M. Justin  (STATE OR COUNTRY)  What test confirmed diadnosis; Market M. Date of State or Country)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. BIRTHPLACE OF MOTHER (CITY OR TOWN)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  16. BIRTHPLACE OF MOTHER (CITY OR TOWN)  17. DOOR OF MOTHER OF MOTHER (CITY OR TOWN)  18. WHERE WAS DISEASE CONTRACTED  19. PLACE OF DEATH.  WHAT TEST CONFIRMED DIAGNOSIS! Market M. D.  Signed)  19. PLACE OF MOTHER OF WOLLEY CAUSES, Etale  (Signed)  10. Mains and Nature of Huters, and (2) whether Accordantal, or Hospitchal. (See reverse side for additional space.)  14. INFORMANT That I Advanter  (Address)  15. FIRST 7- 19 2 H. That I State of Country  16. DOOR OF TAKER  17. DOOR OF TAKER  ADDRESS				) · · · · · · · · · · · · · · · · · · ·		
(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER OF CLIEB (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER Barch M. Luslin  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INTORNANT OF MOTHER (CITY OR TOWN)  15. State OR COUNTRY)  16. WAS THERE AN AUTOPSYL  17. State OR COUNTRY)  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  19. NOT AT PLACE OF DEATH.  10. NAME OF FATHER (CITY OR TOWN)  WAS THERE AN AUTOPSYL  (State OR COUNTRY)  WHAT TEST CONFIRMED DIAGNOSIST OF AUTOMAL  (Signed)  17. State the DIBBABE CAUBING DEATH, or in deaths from Vigilary Caubers, state  (1) Manns and Nature of Injury, and (2) whether Accordental, or Houseldall.  (3) PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  Many L 19 24  20. UNDERTAKER  20. UNDERTAKER	٠.	,	1 .	■ 5 \$\frac{1}{2}\text{if } \frac{2}{2}\text{if } \frac{2}{2}\text{if } \frac{1}{2}\text{if } \frac{1}{2}\t		
business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER Order to the trunt (State or country)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  Was there an autopsys.  What test confirmed diagnosist. In the trunt (Signed).  (Signed).  12. MAIDEN NAME OF MOTHER Barch M. Leslin  (State or country)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (State or country)  14. INFORMANT (Polity of the trunt)  (State or country)  15. INFORMANT (Polity of the trunt)  (Secondary)  (State or country)  (State or country)  (Signed).  (		particular kind of work	vife	·II # # # # # # # # # # # # # # # # # #		
which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER Orocalt ( Hunter)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER Barah M. Lislie  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. (State OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  16. State OR COUNTRY)  17. BIRTHPLACE OF MOTHER COUNTRY (Love to the country)  18. Where was disease contracted  19. Did an operation precede death.  10. Date of  What test confirmed diagnosist. In the country of t		**	•	(SECONDARY)	6 Broucheles Nou	
18. WHERE WAS DISEASE CONTRACTED  19. BIRTHPLACE (CITY OR TOWN) BLICE SELECTION  (STATE OR COUNTRY)  10. NAME OF FATHER CONTRACTED  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) CONTROL  12. MAIDEN NAME OF MOTHER BARAH M. LESLIE  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT STATE OR COUNTRY)  15. THORMANT STATE OF COUNTRY)  16. WHERE WAS DISEASE CONTRACTED  17. DID AN OPERATION PRECEDE DEATH.  (Signed)  WAS THERE AN AUTOPSY!  (Signed)  (S		•			(duration) 8 vrs. mag. de	
9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER Grocrat & Hunter  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER BAROK M. LISHI  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT John Mother (CITY OR TOWN)  (STATE OR COUNTRY)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  16. Many & John Matter  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  18. DICTORAL (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  10. NAME OF TOWN)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. Many & AND NATURE OF INJURY, and (2) whether Accordental, Suicidal, or Howicidal. (See reverse side for additional space.)  14. INFORMANT John Matter  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  16. DICTORAL (Address)  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  18. DICTORAL (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLACE OF BURIAL CREMATION, OR REMOVAL  19. PLACE OF B		(c) Name of employer		1		
(STATE OR COUNTRY)  10. NAME OF FATHER OF CLIEF (L. Hunter)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) Was there an autopsyl.  What test confirmed diagnosist. In autom.  (Signed).  What test confirmed diagnosist. In autom.  (Signed).  (Signed).  12. MAIDEN NAME OF MOTHER BARON Mr. Lislin  13. BIRTHPLACE OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY)  14. INFORMANT IN INTUITION  (STATE OR COUNTRY)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  (Did an OPERATION PRECEDE DEATH.  Was there an autopsyl.  (Signed).  (Signed).  (Signed).  (Signed).  (State the DIBBABE CAURING DEATH, or in deaths from Violary Cauring, et ale  (1) Maans and Nature of Injury, and (2) whether Accidental, or  HOMICIDAL. (See reverse side for additional space.)  14. INFORMANT IN INTUITION  (Address)  (DILLISELLULLE MOY L. 19. 24.  20. UNDERTAKER  ADDRESS	9. BIRTHPLACE (CITY OR TOWN) There selbulls				•	
11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER Barch M. Leslie  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT LESLIE  15. INFORMANT LESLIE  16. NAME OF FATHER (CITY OR TOWN)  17. MAIDEN NAME OF MOTHER CITY OR TOWN)  18. DETERMINED DEATH, OF INCOMENT CAUSES, Etable  (State or country)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLACE OF BURIAL				**		
11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) What Test confirmed diagnosist. In state of the s				41	DATE OF	
(Signed) (Si	l	erroau v. A	<del>Million</del>	WAS THERE AN AUTOPSY?	K) - O	
12. MAIDEN NAME OF MOTHER Barah M. Leslie  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT PALL IN THE CAMERAL (See reverse side for additional space.)  14. INFORMANT PALL IN THE CAMERAL (See reverse side for additional space.)  15. END 5-7-19 24 Aug St. Rough C. 20 UNDERTAKER  16. INFORMANT PALL ST. LILL ST.	Z.			WHAT TEST CONFIRMED DIAGNOSIST.	Frutur Jest.	
12. MAIDEN NAME OF MOTHER BAROK M. LESSUE  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. (STATE OR COUNTRY)  14. (INFORMANT OF STATE OF COUNTRY)  15. END 5-7-19 24 August State (CITY OR TOWN)  16. (Address)  17. MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address)  10. LILL SELLULLE MODERNAL (ADDRESS)  10. LILL SELLULLE MODERNAL (ADDRESS)	Ë	(STATE OR COUNTRY) Would Hu	ow	(Signed)	alovey , M. D	
(STATE OR COUNTRY)  (STATE OR COUNTRY)  (1) MRANS AND NATURE OF INJURY, and (2) whether Accidental, or Howicidal, (See reverse side for additional space.)  14.  (Address)	PA	12 MAIDEN NAME OF MOTHER Saroh n	1. Leslie	5-5-1024 (Address)	123 sellville ma	
14.  INFORMANT (PLANE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) (Plane Sellwille mo Euror Center Control of 1924  15.  16.  17.  18.  18.  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL CREMATION, OR REMOVA		13. BIRTHPLACE OF MOTHER (CITY OR TOWN)		·14	•	
14. INFORMANT John 19 Thuter 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) Vices sellwille mo Eulor leur may 6 19 24  15. EUS 5-7-1994 / Hul & Booker 20. UNDERTAKER ADDRESS		(STATE OR COUNTRY)	Terry,			
(Address) / Russellville mo Euror leun may 6 19 24  15.  EUS 5-7-19 2 th / Ful St. Booker 20. UNDERTAKER ADDRESS	14.	(20-land 12/ 2/	ter			
15. English 15 19 24 15 16 16 16 16 16 16 16 16 16 16 16 16 16		(1)		8	DATE OF BURIAL	
Englo-1-19 14 / Tara Color Col	15.		- 100		- May 6 19 24	
1 REGISTRAN 11 (M Schubert Mussellulla		FRED -5-1924 / Y 11 3 24 6	NOW Y	20. UNDERTAKER	ADDRESS AA AA	
			KEGISTRAR	11 (M Schubert	Mussellelle	

## 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., gin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms) 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 OF INJURY and qualify BS 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.)

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, phiebitis, 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.

LAW	PLACE OF DEATH	TE OF DEATH	
A	County	No. Pile No.	
E Gir Mussellille (No.		District No. 14.130 Registered No.	
	E FULL NAME Mary J. Maria		
:	(a) Residence. No. St.,	Ward.	••••!•••••••••••••••••••••••••••••••••
(1)	(Usual place of abode) ength of residence in city or fown where death occurred yrs. mos.	(If nonresident give city or town and State) ds. How long in U.S., if of foreign birth? yrs. mes. ds.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)  SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  WALLEY  WINDOWS OF WINDOWS OF WALLEY  WALLEY		16. DATE OF DEATH (MONTH, DAY AND YEAR)	ay 4 19
		17.  I HEREBY CERTIFY, That I attended do	eceased from
		, 19, 10	,
		death occurred, on thousand interest above, at	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than 1		THE CAUSE OF DEATH* WAS AS FOLLOWS:	
7.	AGE YEARS MONTHS DAYS II LESS than 1 day,hrz-		
	ormiq.		***************************************
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)			***************************************
		(duration) yr	
		15 VS	
		(SECONDARY)	
		(duration),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Z.,
		18. WHERE WAS DISEASE CONTRACTED	
		IF NOT AT PLACE OF DEATH?	
10. NAME OF FATHER		DID AN OPERATION PRECEDE DEATHS	
11. BIRTHPLACE OF FATHER (CITY ON TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)		WAS THERE AN AUTOPSYT	
		WHAT TEST CONFIRMED DIAGNOSIST.	
		(Signed), M.	
		, 19 · (Address)	
	13. BIRTHPLACE OF MOTHER (COP OR TOWN)	*State the DISEASE CAUSING DEATH, or in deaths from Violenz Causes, state (1) Means and Natures of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
14. INFORMANT (Address)		19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
14.			
14.	(Address)		19

## 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 taborer, 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 of INJURY and qualify as ACCIDENTAL, SUICIDAL, OF 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, pyemia, septicemia, tetanua." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

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