

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

27415

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... (No.....)..... St..... Ward.....

File No.....  
Registered No. **8463**  
St..... Ward.....

2. FULL NAME

*Ruth E. Donald*

(a) Residence. No. *1707A N. Saade* St., *9* Ward.....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*  
4. COLOR OR RACE *Colored*  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Widow*  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Unknown*  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*About 60*  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work *House Work*  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 12 1924*  
17. I HEREBY CERTIFY, That I attended deceased from *May* 19*24* to *Sept 12* 19*24*, that I last saw her alive on *Sept 11* 19*24*, and that death occurred, on the date stated above, at *3:45 A.M.*  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic Debris*  
(duration) yrs. mos. ds.  
CONTRIBUTORY *Secondary*  
(SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*St. Louis*

10. NAME OF FATHER

*Unknown*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

*Amy Estes*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

*St. Louis*

14. INFORMANT (Address)

*Genevieve Papier*  
*1707A N. Saade*

15. FILED

*Max Starceff*  
REGISTRAR

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? DATE OF.....  
WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS?.....  
(Signed) *J. H. Smith* M. D.  
Address *920 N. 1st St.*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) 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

*Greenwood*

DATE OF BURIAL

*Sept 14 1924*

20. UNDERTAKER

*W. S. Wood*

ADDRESS

*4202 Grimmer*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# Revised United States Standard Certificate of Death

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

## Statement of Occupation.—Pre-

occupation is very important  
healthfulness of  
quest:

... kind of  
... business or in-  
... an additional line is provided  
... 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 house-  
hold 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 be-  
ginning of illness. If retired from business, that  
fact may be indicated thus: *Farmer (retired, 6  
yrs.)* For persons who have no occupation what-  
ever, 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*; *Broncho-  
pneumonia* ("Pneumonia," unqualified, is indofinite);  
*Tuberculosis of lungs, meningea, peritoneum, etc.*

as "Asthenia," "Anemia" (merely symptomatic),  
"Atrophy," "Collapse," "Coma," "Convulsions,"  
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"  
"Exhaustion," "Heart failure," "Hemorrhage," "In-  
anition," "Marasmus," "Old age," "Shock," "Uro-  
mia," "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 de-  
termine definitely. Examples: *Accidental drown-  
ing*; *struck by railway train—accident*; *Revolver wound  
of head—homicide*; *Poisoned by carbolic acid—prob-  
ably 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 undesir-  
able 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, hemor-  
rhage, 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.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.