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

Do not use this space.

29266

Registration District No. J. J. Brisson Cots Jackson (No. No. J. J. J. Brisson Cots Jackson (No. No. J. J. J. Brisson (No. J.	1. PLACE OF DEATH,		14.1.1		E 1 - 100
City James David Control Contr	County Japan			7	7 1
2. FULL NAME Sensible		Primary Registration I	District No	. Registered No	O. U
(a) Besidence, No. C. 1887 4512 St. Ward. (Usual place of abode) Length of residence in city or form where death secured 174. mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX		No	.,	SL .	
Length of residence in city or town and State) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARBUID, WIDOWED OR DIVORCED (ora's the wors) MATTLES 5. IN MARBUID, WIDOWED, OR DIVORCED (ora's the wors) 17. HERE BY CERTIFY, That I gleeded, deceing from 19.0 ftm. 18. DATE OF DEATH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAY 4. COLOR OR RACE 5. SINGLE, MARBUID, WIDOWED, OR DIVORCED WINDSPATTOR (ON) WIFE OF	2. FULL NAME Serio & Davis	y		• ••••••••••••••••••••••••••••••••••••	
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED FINAL MARRIED, WIDOWED M	(a) Residence. No. Car 2 14	rs Si,		777	Anna and Varan
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (grain the word) J. J		yrs. mos.	day How long to U.S.,	If of foreign birth?	
Divorced Gerif the word) The Article Markette, Wiscource, on Divorced Order on Divo	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH		
Third Muller Market Mar			16. DATE OF DEATH (MONTH,	DAY AND YEAR)	19. 192.
Sa. IF MUSEUM MARIETED MANUELLA DE DIVINCED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED MARIETED			<u>i</u> 7. –	<u> </u>	
that I list saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on Albe-date stated about 2.9 13 2.45, and that I lest saw h. D. L. alive on 13 2.45, and that I lest saw h. D. L. alive on 13 2.45, and that I lest saw h. D. L. alive on 14 2.45, and that I lest saw h. D. L. alive on 14 2.45, and that I lest saw h. D. L. alive on 14 2.45, and that I lest saw h. D. L. alive on 14 2.45, and that I lest saw h. D. L. alive on 14 2.45, and that I lest saw h. D. L. alive on 14 2.45, and that I lest saw h. D. L. alive on 14 2.45, and that I lest saw h. D. L. alive on 14 2.45, and that lest saw h. D. L. alive on 14 2.45, and that lest s	5a. IF MARRIED, WIDOWED, OR DIVORCED			Seased from	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than I day, brs. or main. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perfecular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer (c) Name of employer 10. NAME OF FATHER Stamp, Journ Miss. (STATE OR COUNTRY) 11. BIRTHPLACE (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. ILMANDEN NAME OF MOTHER (CITY OR TOWN) 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) 16. STATE OR COUNTRY) 17. BIRTHPLACE OF MOTHER (CITY OR TOWN) 18. BIRTHPLACE OF MOTHER (CITY OR TOWN) 19. BIRTHPLACE OF MOTHER (CITY OR TOWN) 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT M. A DAY M. D. State or COUNTRY) 15. PLACE OF BURIAL CSG MATION, OR REMOVAL 16. MASSIA AND NATURE OF INJUST, and (2) whether ACCIDENTAL, OR BURIAL (Address) JOHAN MO. D. APPLICATION OR REMOVAL 16. PLACE OF BURIAL CSG MATION, OR REMOVAL 17. PLACE OF BURIAL CSG MATION, OR REMOVAL 18. PLACE OF BURIAL CSG MATION, OR REMOVAL 19. PLACE OF BURIAL 19.	(OR) WIFE OF	that I last new hold alive on Orta lie on 19216 and that			
7. AGE YEARS MONTHS DAYS II LESS than I day, bra. 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) Multiple County M5. (STATE OR COUNTRY) HEAVIER OF MOTHER CITY OR TOWN) 11. BIRTHPLACE OF FATHER CITY OR TOWN) 12. MAIDEN NAME OF MOTHER OF WILLIAMON 13. BIRTHPLACE OF MOTHER CITY OR TOWN) 14. INFORMANT M DAYS 15. PIRCH COUNTRY) 16. MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (CITY OR TOWN) 17. BIRTHPLACE OF MOTHER CITY OR TOWN) 18. WEER WASHIELDER CONTRACTED WAS THERE AN AUTOSISS. (Signed) B. M. DAYS (Signed) B. M. DAYS (STATE OR COUNTRY) 19. DIA MOTOST CONTRACT COUNTRY M. D. GRADE the Dizease Causin Death, or in deaths from Violator Causes, state (1) Means and Natoria of Instruct, and (2) whether ACCIDENTAL, BUTCHER, or HourtDale. (So reverse side for additional space.) 15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL, CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL, CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL, CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL, CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL, CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL, CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL, CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL CREMATION, OR REMOVAL DATE OF BURIAL THEORY OF SURIAL CREMATION, OR REMOVAL DATE OF SURIAL CREMATION, OR REMOVAL DATE OF SURIAL CREMATION, OR REMOVAL DATE OF SURIAL CREMATION, OR REMOVAL THEORY OF SURIAL CREMATION, OR REMOVAL THEORY OF SURIAL CREMATION, OR REMOVAL THEORY OF SURIAL CREMATION OR SURIAL CREMATION, OR REMOVAL THEORY OF SURIAL CREMATION OR SURIAL CREMATION	-,		death occurred, on the date stated a	som, at Co. c.t., 19, 8	2.54m.
B. 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) MUNICIPAL COUNTRY) 10. NAME OF FATHER SHAMP, DOWN! (STATE OR COUNTRY) MENUTA COUNTRY 11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) MENUTA COUNTRY 12. MAIDEN NAME OF MOTHER SOME MULCURAN (Signed). D. M. D. DATE OF MOTHER STORY (SIGNED DIAGNOSIS). (STATE OR COUNTRY) MENUTA COUNTRY 12. MAIDEN NAME OF MOTHER OF MOTHER OF TOWN). (STATE OR COUNTRY) MENUTA COUNTRY 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) MENUTA COUNTRY 14. MAIDEN NAME OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) MENUTA COUNTRY 15. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) MENUTA COUNTRY 16. MAIDEN NAME OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) MENUTA COUNTRY 17. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) MENUTA COUNTRY 18. WEERE WASDISEASE CONTRACTED WHAT TEST CONFIDENCE DIAGNOSIS. (Signed). D. M. D. DATE OF (Signed). D. M. D. DATE OF (Signed). D. M. D. DATE OF DURAL OF (Signed). D. M. D.		THE CAUSE OF DEATH	4		
B. 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) MUNICIPAL COLLING MES. (STATE OR COUNTRY) 10. NAME OF FATHER Stamp, David 11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) Newlar Pount Mo (STATE OR COUNTRY) New York MO (STATE OR COUNTRY) NEW YO		- 1	Janlunci	lusia	· · ·
(a) Trade, profession, or perficular kind of work (b) General natura of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER Stamp, Double (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER OTHER FORM FULLURAN (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 16. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 18. WHERE WAS DISEASE MONTACTED WAS THERE AN AUTOPOST! WHAT TEST CONFIRMED DIACNOSIS! (Signed) WHAT TEST CONFIRMED ON THE CONFIRMED ON TH	37 3 6	ormin.	Kulmonas	<u> </u>	****************************
(a) Trade, profession, or perficular kind of work (b) General natura of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) 10. NAME OF FATHER Stamp, Double (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER OTHER FORM FULLURAN (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 16. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 18. WHERE WAS DISEASE MONTACTED WAS THERE AN AUTOPOST! WHAT TEST CONFIRMED DIACNOSIS! (Signed) WHAT TEST CONFIRMED ON THE CONFIRMED ON TH	8. OCCUPATION OF DECEASED	•			
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) Multiple County MS (STATE OR COUNTRY) 10. NAME OF FATHER Stamp, Davel 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Menuta County Mo 12. MAIDEN NAME OF MOTHER CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT M CARLS 15. PLACE OF BURIAL CREMATION, OR REMOVAL 16. MARKER WASDISEASE JONTRACTED 18. WHERE WASDISEASE JONTRACTED 19. DATE OF DEATH. (Signed) Dia AN OPERATION PRECEDE DEATH. (Signed) Dia AN OPERATION DIA COUNTRY (Signed) Dia AN OPERATION DIA COUNTRY 19. DATE OF MOTHER CITY OR TOWN) 10. MAIDEN NAME OF MOTHER CITY OR TOWN) 11. MEROBANT M (Address) JULIAN (20 whether Accidental, Building or Hondring) Country 11. MEROBANT M (Address) DIA COUNTRY 12. MAIDEN OR DIA COUNTRY 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. MAIDEN NAME OF MOTHER CITY OR TOWN) 15. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address) DIA COUNTRY DATE OF BURIAL (ADDRESS) 15. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (ADDRESS)	4		2 / 1 /	(deretion) H	mas da
Business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) Mustland County Mo (STATE OR COUNTRY) 10. NAME OF FATHER Stamp, Source 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Meveland Points Millerson 12. MAIDEN NAME OF MOTHER Source Wilkerson 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT M. Clarks (Address) Optime Move Mother Country 15. PLECO 19. 94 ABUMBAN Clarks 16. ADDRESS 17. PLECO 19. 94 ABUMBAN Clarks (SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (SUBJECT OR COUNTRY) 18. Waser was disease contracted 18. Waser was disease contracted 18. Waser was disease contracted 19. Date of Death. Date of Date	· 1				· · · · · · · · · · · · · · · · · · ·
18. WHERE WAS DISEASE CONTRACTED 19. BIRTHPLACE (CITY OR TOWN)			(SECONDARY)		······
9. BIRTHPLACE (CITY OR TOWN) MUNICIPAL COUNTY 10. NAME OF FATHER Stamp, Souse 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Revolation found the County the Country that the Direase Causing Death, or the deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether accidental, or Homeman the Country that the Country the Country that the Country that the Country that the Country that			(duration)	de.	
DID AN OPERATION PRECEDE DEATH. DATE OF DID AN OPERATION PRECEDE DEATH. DATE OF WAS THERE AN AUTOPSY! WHAT TEST CONFIRMED DIAGNOSIS! (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATH. DATE OF WAS THERE AN AUTOPSY! WHAT TEST CONFIRMED DIAGNOSIS! (Signed) DATE OF (Signed) Oct 1, 19 14 (Address) JAMEN AND DEATH, or in deaths from Violent Causes, state (1) Means and Nature of Injurat, and (2) whether Accidental, or HOMICIDAL (See reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL ADDRESS PILED (2) 19. 24 ADDRESS	(c) Name of employer		18. WHERE WAS DISPASE CONTRAC	TED	
DID AN OPERATION PRECEDE DEATH. DATE OF DID AN OPERATION PRECEDE DEATH. DATE OF WAS THERE AN AUTOPSY! WHAT TEST CONFIRMED DIAGNOSIS! (STATE OR COUNTRY) DID AN OPERATION PRECEDE DEATH. DATE OF WAS THERE AN AUTOPSY! WHAT TEST CONFIRMED DIAGNOSIS! (Signed) DATE OF (Signed) Oct 1, 19 14 (Address) JAMEN AND DEATH, or in deaths from Violent Causes, state (1) Means and Nature of Injurat, and (2) whether Accidental, or HOMICIDAL (See reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL ADDRESS PILED (2) 19. 24 ADDRESS	9. BIRTHPLACE (CITY OR TOWN) New ton Count M's		AF NO AT PLACE OF DEATH	7	
10. NAME OF FATHER Stamp, Double Was there an AUTOPSYI. 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER Some Welkerson (State OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT N. CONTRY) 15. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) (Address) (Address) (Address) (ADDRESS PILED C. 19.24 (ADDRESS (ADDRESS (ADDRESS) (ADDRESS (ADDRESS (ADDRESS) (ADDRESS (ADDRESS (ADDRESS) (ADDRESS (ADDRESS) (ADDRESS (ADDRESS) (ADDRESS (ADDRESS) (ADDRESS (ADDRESS) (ADDRESS (ADDRESS) (ADDRESS (ADDRESS (ADDRESS (ADDRESS) (ADDRESS (ADDRESS (ADDRESS (ADDRESS) (ADDRESS (ADDRESS (ADDRESS (ADDRESS) (ADDRESS (ADD					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER OF WILKERSON 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) (STATE OR COUNTRY) (STATE OR COUNTRY) (I) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, BUICTDAL, OR HOMICIDAL. (See reverse side for additional space.) 13. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) Opplin MO 5. FILED C. 19.24 ADDRESS PILED C. 19.24 ADDRESS	10. NAME OF FATHER SALE / A				
(STATE OR COUNTRY) Merolia Pount 110 (Signed) D. M. D. M. D. 12. MAIDEN NAME OF MOTHER Some Williamson 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT N. C. D. A. C. D. C. D	to amp, v	auce	WAS THERE AN AUTOPSYI	······································	*
12. MAIDEN NAME OF MOTHER ONL WILKERSON 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT IN CONTROL (Address) Dofum MO 15. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) Dofum MO 16. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) Dofum MO 17. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) Dofum MO 18. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) Dofum MO 19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) DOFUM MO 29. INDERTAKER ADDRESS			WHAT TEST CONFIRMED DIAGNOSIS?		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 4. INFORMANT N Clara (Address) Optim MO (Address) Optim MO (September (Se	(STATE OR COUNTRY) Kewice County Mo			yan iç	, М. D
(STATE OR COUNTRY) (STATE OR COUNTRY) (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Or Homerchal. (See reverse side for additional space.) (Address) Oplin MO (Address)	12. MAIDEN NAME OF MOTHER Some Willarson		Oct. 11, 19 Lif (Address)	thrisco and	gooding m
HOMITIDAL (See reverse side for additional space.) 1. INFORMANT IN & Davis (Address) Dojelin MO 5. FILED C. 1924 BURSON Clair 29. INDERTAKER 29. INDERTAKER ADDRESS	13. BIRTHPLACE OF MOTHER (CITY, OR TOWN)				
(Address) Josephn Mo Figure Clark Joseph 21 1924 5. FILED (C) 1924 BUNSON Clark 20 MORESS PULLO (C) 1924 BUNSON Clark 20 MORESS	(STATE OR COUNTRY)			CIDENTAL, BUICIDAL, OF	
(Address) Joseph Mo Jan Seder Coul Court Och 21 19 24 5. FILED C) 1924 BUNSON Clark 20. MOERTAKER DE ADDRESS	1. Waris	•	19. PLACE OF BURIAL, CREM	IATION, OR REMOVAL	DATE OF BURIAL
5. FILED C) 19.24 BUNSON Clark 20. MADERTAKER ADDRESS		773	al a wa	-A.b. 10211	
Production 19.29. At the Wald Comment of Comments of C		201:1		ever is all land	ADDRESS
121 No Syham Naosto Me	Prod () 1924 (1311121)	RECISTORS	2011		
			1 Jo Lyka	u	1208 ho Mes

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 reports

"Typhoid pneumonia"); Lobar pneumonia; Broncho; pneumonia ("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.: Bronchopnzumonia (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. VIOLENT DEATHS State MEANS OF INJURY and qualify AS ACCIDENTAL, SUICIDAL, 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.)

Norn.—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, tetanus," But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICA	IE OF DEATH		
1. PLACE OF DEATH	2111		
County Begistration District			
Township Primary Registration	District No. 200 2 Refistered No.		
City TPLLM Cy	St. Werd)		
2. FULL NAME	E. Waves		
(a) Residence. No	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	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR	16. DATE OF DEATH (MONTH, DAY AND YEAR) 10 4-19-19 20		
Divorced (write the word)	17.		
SA. IF MARRIED, WIDOWED, OR DIVORCED	1 HEREBY CERTIFY, That I attended deceased from		
HUSBAND OF (OR) WIFE OF	that I last saw b		
	death occurred, on the differentiated above, at		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	THE CAUSE OF DEATH * WAS AS FOLLOWS:		
7. AGE YEARS MONTHS DAYS II LESS then 1			
37 3 6 day,			
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work	(dwation) yrs. mos. ds.		
(b) General nature of industry,	CONTRIBUTORY		
business, or establishment in which employed (or employer)	(SECONDARY)		
(c) Name of employer	(duration)yrsmesds.		
	18. Where was disease contracted		
9. BIRTHPLACE (CITY OR TOWN)	IF NOT AT PLACE OF DEATH?		
(STATE OR COUNTRY)	DID AN OPERATION PRECEDE DEATHY		
10. NAME OF FATHER	WAS THERE AN AUTOPSY?		
11. BIRTHPLACE OF FATHER (CITY OF TOTAL)	•		
Z (STATE OR COUNTRY)	WHAT TEST CONFIRMED DIAGNOSIS?		
	(Signed), M. D		
12. MAIDEN NAME OF MOTHER	, 19 (Address)		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Disease Causing Death, or in deaths from Violent Causes, state		
(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)		
14. INFORMANT	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL		
(Address)			
15. f	20. UNDERTAKER ADDRESS		
J. FILED 19 19 24 Benson Clark- REGISTRAN	20. UNDERTAKER ADDRESS		
1' /O REGISTRAY			
ALL INFORMATION CALLED FOR MUST	BE WRITTEN ON THIS SUPPLEMENTARY.		

THE STATE HOLD THE A PER FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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 urs.) 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," "Anomia" (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, celluilitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, 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.

2926