MISSOURI STATE BOARD OF HE	ALTH
BUREAU OF VITAL STATISTICS	
CERTIFICATE OF DEATH	

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Do not use this space.

29270

1. PLACE OF EATH  County As fell Registration District  Township A A County Primar Registration	No. 21 Pile No. 20 2 Registered No. 425
City Communication (No. 1) (No	Ward.  (If nonresident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (corrie the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	17.  I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (MONTH, DAY AND YEAR)  7. AGE YEARS MONTHS DAYS II LESS than I day,brs.	death occurred, on the date stated above, at
8. OCCUPATION OF DECEASED (a) Trade, profession, or	causes: un violence
particular kind of work  (b) General unture of industry, business, or establishment in which employed (or employer).	CONTRIBUTORY (SECONDARY)
9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)	18. WHERE WAS DISEASE CONTRACTED  IF NOT AL PLACE OF DEATH?
10. NAME OF FATHER W.M. Stephen	Did an operation precede death?
11. BIRTHPLACE OF FATHER (CITY, OR TOWN)	WHAT THE CONFIRMED DIAGNOSIST SELECTION OF THE CONFIRMED DIAGNOSIST SE
12. MAIDEN NAME OF MOTHER (CITY OR TOWN)	*State the Dishase Causing Death, or in deaths from Violent Causes, state (I) Means and Natures of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
14. INFORMANT S. Old Stephene (Address) 2215 Penas Joplan	19 PRACE OF BUNAL, CHEMATION, OR REMOVAL DATE OF BURIAL
15. FILED 19 24 ALUSTA WILL REGISTRAN	20. UNDERTAKER  Descheet long to Dopling
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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"); 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, Whooving 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," otc., 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 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, 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.