2

OF DEATH in plain terms, so that it may

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 indisced 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. Nover 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 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.)

Nore.—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.

Additional space for further statements

by physician.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH County Count		O-MINICAL	it or bear.	•			
Township Primary Registration District No. # 2	1-1		,	//			
City. WARRIED. No. 2. FULL NAME (a) Residence, No. Length of residence in days of twen where desth occurred PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COLOR OR RACE 5. SINGLE, Museuep, Wilsower, Or Divorced (order the word) PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COLOR OR RACE 5. SINGLE, Museuep, Wilsower, Or Divorced (order the word) PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COLOR OR RACE 5. SINGLE, Museuep, Wilsower, Or Divorced (order the word) PERSONAL AND STATISTICAL PARTICULARS 3. SEX A. COLOR OR RACE 5. SINGLE, Museuep, Wilsower, Or Order the word) 16. DATE OF DEATH (MONTH, DAY AND YEAR) 7. ACE YEARS MORTIS DAYS. If LESS than 1 day, bra. MILLES than 1 MILLES than 1 day, bra. MILLES th	, <u>, , , , , , , , , , , , , , , , , , </u>	Registration District ?	No	,			
2. FULL NAME (a) Residence (b) Residence (c) Residence (c		Primary Registration	District No	+2.1.	. Registered No		
Size	City (No	······································		~ ^	St.	*****************	Ward)
Site Color of Race Color of Race Site Color of Race Site Color of Race	2. FULL NAME Laabelle	San	\mathbf{a}	len			
PERSONAL AND STATISTICAL PARTICULARS S. SINGLE, MARRIED, WIDDOWED, OR DIVORCED (order the word) S. IF MASSICH, WIDDOWED, OR DIVORCED (order the word) S. IF MASSICH, WIDDOWED, OR DIVORCED (order the word) S. A. IF MASSICH, WIDDOWED, OR DIVORCED (order the word) S. A. IF MASSICH, WIDDOWED, OR DIVORCED (order the word) S. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS. If LESS than I day, men. min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kills of work (or) with the oployed (or employer) (b) Conserved nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 10. NAME OF FATHER 11. BIRTHPLACE (CITY OR TOWN) 12. MAIDEN NAME OF MOTTHER 13. BIRTHPLACE OF FATHER (CITY OR TOWN) 14. WINCER WAS DISEASE CONTRACTED 15. WINCER WAS DISEASE CONTRACTED 16. DATE OF BURNAL. (Converse of deaths). Date of WAS THESE AN AUTOPYT. WHAT TEST CONVINED DIAGNOSIST. (Signed). , M. D 13. BIRTHPLACE OF MOTHER (up On TOWN) 14. BIRTHPLACE OF MOTHER (up On TOWN) 15. STATE OR COUNTRY) 16. DATE OF BURNAL. (CREATION PRECEDE DEATH) DATE OF BURNAL. (Serverse dide for additional space.) 17. PLACE OF BURNAL. CREMATION, OR REMOVAL DATE OF BURNAL. ADDRESS PLACE OF BURNAL. CREMATION, OR REMOVAL DATE OF BURNAL. ADDRESS 19. PLACE OF BURNAL. CREMATION, OR REMOVAL DATE OF BURNAL. ADDRESS	(a) Residence. No.	U st.		Ward			
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (under the word) 6. DATE OF DEATH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DATE 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DATE 11. LESS than 1 to the dead of the dead of the word of the word of the secured, on the date of the dead of		yrs. mas.	ds.	How lond in U.S.	(If nonresident give city if of foreign birth?		
DIVORCED (carrier the word) 5.A. IF MARRIED, WISDWED, OR DIVORCED (MSSAND OF (OR)) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS. 8. OCCUPATION OF DECEASED (A) Trade, profession, or perticular kind of work (b) General settine of indentory, harders, or establishment in which complying (or emphyre) (c) Names of employer 10. NAME OF FATHER 11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. (STATE OR COUNTRY) 15. DATE OF DEATH (MONTH, DAY AND YEAR) 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. 18. PER EBY CERTIFY, That I attended deceased from 19. 19	PERSONAL AND STATISTICAL PARTICUL	ARS					 -
17. I HERE BY CERTIFY, That I attended deceased from HUSBAND or (or) WIFE or (or) W		HED, WIDOWED OR	15 DATE O	E DEATH (manuse)			
## HUSEAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS. II LESS than 1 days, best best of the profession, or perticular kind of work (S) General sature of industry, besteess, or establishment is which employed (or employed (or employed). (C) Name of employer 18. WHERE WAS DISEASE CONTRACTED 19. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (LOT OR TOWN) 13. BIRTHPLACE OF MOTHER (LOT OR TOWN) 14. WAS THE OR COUNTRY) 15. Garden DEBATH, or in deaths from Violent Causes, state (S) STATE OR COUNTRY) 16. DISEASE CONTRACTED 17. WAS THERE AN AUTOPSYT. WHAT TEST CONFIRMED DIAGNOSIST. (Signed) 18. WHERE WAS DISEASE CONTRACTED 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL, CREMATION, OR	h William Divorced (un	ise the word)	17.		1		
(OR) WIFE OF that I last saw b	5a. IF MARRIED, WIDOWED, OR DIVORCED		I HE	REBY CER	.1		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS. II LESS than 1 days, bras. or mins. 8. OCCUPATION OF DECEASED (a) Trade, profession, or perfectable 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) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 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 CONTRACTED 19. DID AN OPERATION PRECEDE DEATHI. DATE OF WAS THERE AN AUTOPSYT. WHAT TEST CONFIRMED DIAGNOSIST. (Signed) (Signed) (MAIN AND NATURE OF INTER, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL. (SO TEVENS side to Disease Caveins Death, or in deaths from Violent Caves, state of Homicidal. (MAIN AND NATURE OF INTER, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL. (Address) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address)	(OR) WIFE OF		that I last saw	ain).	17		-
7. AGE YEARS MONTHS DAYS. II LESS than 1 day, bra. or min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or serticular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or rown) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (city or rown) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (cuty or rown) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (cuty or rown) (STATE OR COUNTRY) 14. MAIDEN NAME OF MOTHER (cuty or rown) (STATE OR COUNTRY) 15. BIRTHPLACE OF MOTHER (cuty or rown) (STATE OR COUNTRY) 16. MAIDEN NAME OF MOTHER (cuty or rown) (STATE OR COUNTRY) 17. AGE THE CAUCUSE DEATH* was as POLLOWS: THE CAUCUSE DE	A DATE OF COMM.		death occurred,	on the date plated		•	
8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (b) General nature of industry, business, or establishment in whick employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. WAS THERE AN AUTOPSYL. WHAT ITEST CONFIRMED DIAGNOSIST. (Signed)			THE C	AUSE OF DEATH	* WAS AS FOLLOWS:		
8. OCCUPATION OF DECEASED (a) Trade, profession, or surricular kind of wear k. (b) General nature of industry, husiness, or establishment in which employed (or employer) (c) Name of employer (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER 11. BIRTHPLACE OF FATHER 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. MAIDEN NAME OF MOTHER 15. WHAT TEST CONFIRMED DIAGNOSIST. (Signed) 16. MICORNANT (STATE OR COUNTRY) 17. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED WAS THERE AN AUTOPSY! (Signed) 19. MAIDEN NAME OF MOTHER (CITY OR TOWN) (Signed) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL STATES AND REMOVAL 19. PLACE OF BURIAL STATES AND REMOVE ACCORDANTAL STATES AND REMOVAL 19. PLACE OF BURIAL STATES AND REMOVE ACCORDANTAL STATES AND REMOVE ACCORDANTAL STATES AND REMOVE ACCORDANTAL STATES AND REMOVE ACCORDANTAL STATES AND REMOVE ACCOR	7. AGE TEARS MONTHS DAYS,			· V	<u> </u>		~
(a) Trade, profession, or perticular kind of work (b) General nature of industry, husiness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (city or town) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (city or town) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (city or town) (STATE OR COUNTRY) 14. MAIDEN NAME OF MOTHER 15. MAIDEN NAME OF MOTHER (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 CONTRACTED 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL, C			4/	XIL	meal	Paral	ha
perticular kind of work (b) General nature of industry, haviness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. MAIDEN NAME OF MOTHER 15. MAIDEN NAME OF MOTHER 16. MAIDEN NAME OF MOTHER 17. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED 19. Address) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. MAIDEN AND NATURE OF INJURE, and (2) whether ACCIDENTAL STICUDAL, OR HOMICTALL (Goe reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL, CREMATION, OR REMO	8. OCCUPATION OF DECEASED		\rightleftharpoons	79			0
(b) General nature of industry, business, or establishment in which employer (c) Name of employer (d) Name of employer (e) Name of employer (STATE OR COUNTRY) (S	(a) Trade, profession, or	<i>.</i>		************************	المنتسنة المستناح عدال	والمنتسر والمنت	
business, or establishment in which employed (or employer). (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. MAIDEN NAME OF MOTHER (SIGNED) 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 16. MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICTOAL. (See reverse side for additional space.) 17. PLACE OF BURIAL, CREMATION, OR REMOVAL 18. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 18. WHERE WAS DISEASE CONTRACTED 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 10. NAME OF ACCIDENTAL SUICIDAL, or HOMICTOAL. (See reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF B	-		$\mathbf{X}_{\mathbf{Z}}$	***************************************	The state of the s	.yra	ds,
(c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) 15. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? WAS THERE AN AUTOPSYT. WHAT TEST CONFIRMED DIAGNOSIST. (Signed) 19. (Signed) 10. NAME OF FATHER WAS THERE AN AUTOPSYT. WHAT TEST CONFIRMED DIAGNOSIST. (Signed) 10. NAME OF MOTHER (Signed) 11. DIRTHPLACE OF MOTHER (Signed) 12. MAIDEN NAME OF MOTHER (State the DISEASE CAUSING DEATH, or in deaths from Violent Causes, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, STICIDAL, or HOMICTOAL (See reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL OR PROVINCE						100	}
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CU) OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) 15. INFORMANT (Address) 16. INFORMANT (Address) 17. INFORMANT (Address) 18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH, DATE OF. WAS THERE AN AUTOPSYT. WHAT TEST CONFIRMED DIAGNOSIST. (Signed), M. D *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 19. PLACE OF BURIAL				***************************************	(daration)	,,.L	<i>[i</i> da,
(STATE OR COUNTRY) 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CUT) OR TOWN) (STATE OR COUNTRY) 14. BIRTHPLACE OF MOTHER (CUT) OR TOWN) (State OR COUNTRY) 15. BIRTHPLACE OF MOTHER (CUT) OR TOWN) (STATE OR COUNTRY) 16. MEANS AND NATURE OF INJUST, and (2) whether ACCIDENTAL SUICIDAL, or HOMICIDAL (Soe reverse side for additional space.) 17. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 20. UNDERTAKER ADDRESS	(c) Name of employer		18. WHERE W.	AS DISEASE CONTRAC	TED S	~ CONTRACT	
DID AN OPERATION PRECEDE DEATH DATE OF 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CIT) OR TOWN) (STATE OR COUNTRY) 4. INFORMANT (Address) 14. INFORMANT (Address) 15. PLACE OF BURIAL, CREMATION, OR REMOVAL 16. DID AN OPERATION PRECEDE DEATH DATE OF WAS THERE AN AUTOPSY! What TEST CONFIRMED DIAGNOSIST (Signed) (Signed) (Signed) (Signed) (I) Means and Natures of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (Soe reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 19. UNDERTAKER ADDRESS	9. BIRTHPLACE (CITY OR TOWN)	\searrow	IF NOT	AT PLACE OF DEATH:	{		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (State or country) 13. BIRTHPLACE OF MOTHER (CUT OR TOWN) (State or country) *State the Dibbab Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, or Homicidal. (Soe reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL	(STATE OR COUNTRY)		il			_	***************************************
What test confirmed diagnosist. (State or country) 12. MAIDEN NAME OF MOTHER (State or country) 13. BIRTHPLACE OF MOTHER (CLU OR TOWN) (State or country) *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injurt, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 19. FILED	10. NAME OF FATHER	V	}				
(State or country) (Signed)			l)		•		
(Signed), M. D 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (CLT) OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) 15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 16. INFORMANT (Address) 17. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 18. DISTRIBUTION (See reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 20. UNDERTAKER 20. UNDERTAKER	-	***************************************	WHAT TES	T CONFIRMED DIAGNO	osis7	•••••••••••••	
13. BIRTHPLACE OF MOTHER (CLI) OR TOWN) (STATE OR COUNTRY) *State the Dibbase Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Index, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL			(Sig	ned)	·····		, M. D
(STATE OR COUNTRY) (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL (See reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) 20. UNDERTAKER ADDRESS	12. MAIDEN NAME OF MOTHER			19 (Address)			
HOMICTOAL (See reverse side for additional space.) 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL, CREMATION, OR REMOVAL 19. PLACE OF BURIAL 19. PLACE OF BUR	13. BIRTHPLACE OF MOTHER (CLT) OR TOWN)		*State tl	DISBASE CAUSIN	5 DEATH, or in deaths for	TOTA VIOLENT CAUS	ts, state
19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 5. FILED 19 20. UNDERTAKER ADDRESS	(STATE OR COUNTRY)	}				ACCIDENTAL SUIC	DAL, Or
(Address) 5. July 20. UNDERTAKER REGISTE IR ADDRESS	f.			·	 	DATE OF BU	DIAL
FILED 20 UNDERTAKER ADDRESS						DATE OF BU	NIAL
FILED 19 REGISTE IN	1000		" 			_	19
ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY	FILED 2019 24	REGISTER	20. UNDERT	AKER		ADDRESS	
	ALL INFORMATION CALLED	FOR MUST	BE WRIT	TEN ON TH	IIS SUPPLEMEN	TARY	

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," "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 peritonitis," etc. State cause for which surgical operation was undertaken. For violent deates 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-probablu 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.)

34421

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, phlobitis, 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.