7.

5.

9.

PARENTS

14.

15.

(Address)

FOR BINDING

2

MISSOU	RI STATE	BOARD (OF HEALTH
BU	REAU OF VI	ITAL STAT	ISTICS
	CERTIFICA	TE OF DEATE	н

REGISTRAR

н	Do not use this space,
п	15577
	Pile No
of f	onresident give city or town and State) oreign birth? yrs. mos. ds.
ERT	IFICATE OF DEATH
AY A	IND YEAR) May 7 1925
シグ	That I attended deceased from
ve, i	Quart 1
	Somows: Proceso-
	division Track gos 6 ds.
	ue rudo
 D	(duration) 5 yrz , man de
•••••	700
ТН?	
<u>, </u>	76
J. r.	souseva,
	Levren, mo
ET.	TH, or in deaths from Violent Causes, state and (2) whether Accidental, Suicidal, or

	TE OF DEATH			
. PLACE OF DEATH			,- a ~	
Comment	Registration District	No	5-27	
Township / Sevier	Primary Registration	mary Registration District No. 5763		
City(No.			7	
A contract of	0.01	0	2-1	
FULL NAME & COUNTY	11 ffant		all	
(a) Residence. No			Werd.	
ength of residence in city or lown where death occurred	yrs. mes.	ds.	How ked in U.S., if	
PERSONAL AND STATISTICAL PART	ICULARS	1 2	MEDICAL CI	
		-∥⁄=	INEDICAL CI	
Divorci	MARRIED, WIDOWED OR		OF DEATH (MONTH, D	
rale impete of	ingle_	17.	EREBY CERT	
. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	1	m	Q4 7 19	
(OR) WIFE OF	•	that I lost saw		
		death occurred	, on the date stated abo	
DATE OF BIRTH (MONTH, DAY AND YEAR) MONCE		THE	CAUSE OF DEATH*	
AGE YEARS MONTHS DAYS	If LESS than 1		.	
7 / 7	ormin.	driver.	00011	
2222222		, v	Co. M. Commission Co.	
OCCUPATION OF DECEASED (a) Trade, profession, or	J	"] 		
particular kind of work	lopeld	ļ	·····	
(b) General nature of industry,		CONTRIBU	TORY Clur	
business, or establishment in		(SET) NDA	m) A 7'	
which employed (or employer)	***************************************	J	-cau	
(o) Hama or companyer		18. WHERE	NAS DISEASE CONTRACTES	
BIRTHPLACE (CITY OR TOWN)		UF NO	T AT PLACE OF DEATH?	
(STATE OR COUNTRY)	Tono	[]/:		
10. NAME OF FATHER	ash	li .	OPERATION PRECEDE DEAT	
11. BIRTHPLACE OF FATHER (CITY OR TOPIN)		11	RE AN AUTOPSY?	
(STATE OR COUNTRY)		WHAT TE	ST CONFIRMED DIAFROSI	
- Just	-9	Si) ــم	tned)	
12. MAIDEN NAME OF MOTHER MONTH	Jaylor	2-12	(Address)	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)		be Distant Causing		
(STATE OR COUNTRY)	ever.	11	AND NATURE OF INJU (See reverse side for add	
Lavie Gal	<u></u>]	OF BURIAL, CREMAT	
INFORMANT		I S. FLACE	OF BURIAL, CREMAI	

occurred, on the date stated abo THE CAUSE OF DEATH+ VHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?... DID AN OPERATION PRECEDE DEAT NAS THERE AN AUTOPSY?., NHAT TEST CONFIRMED (Address) State the Dianasu Cavaing MEANS AND NATURE OF INJU ICIDAL. (See reverse side for additional space.) PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL 20. UNDERTAKER ADDRESS

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 DIBEASE 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 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.)

Norz.—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, crysipelas, meningitis, miscarriage, necrosis, peritonitis, philebitis, 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.