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

18669

Township. More Primary Registration District No. D. S. Begistered No. D. S. Begistered No. D. S. S. Word)  2. FULL NAME (Uttal place of shods)  Legist of shods)  PERSONAL AND STATISTICAL PARTICULARS  PROCESS (Magnette, Willower, on Divorce)  WALL  J. COLORFOR FACE  S. SINGLE, Magnette, Wilcowers on Divorce,	1. PLACE OF DEATH  County & Museum Registration District No. 10   File No.			
2. FULL NAME (		- Brings		
Length of realizations in city or town where death occurred   yrs.   mos.   ds.   How long is U.S. It of foreign birth?   yrs.   mos.   ds.		Malar h Valor		
Length of residence in city or lown where death occurred   yrs   mos.   ds.   How long in U.S., If of foreign birth?   yrs   mos.   ds.	l	Ward,		
3. SEX WALL WILL SOLD ON BACE S. SINGE, MARRIED, WILDOWED OR DIVORCED (CITE the world)  15. DATE OF DEATH (MONTH, DAY AND YEAR)  16. DATE OF BIRTH (MONTH, DAY AND YEAR)  17. AGE YEARS MONTHS DAYS II LESS than I day,	,			
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THE CAUSE OF BIRTH (MONTHS DAY AND YEAR) LEFT	HUSBAND OF 0		that I last sawh alive on the last sawh and that	
8 22 day, hrs. min.  8. OCCUPATION OF DECEASED (a) Trade, prolession, or particular kind of work (b) General nature of industry, husiness, or establishment in which employed (or employer)  9. BIRTHPLACE (CITY OR TOWN) Arradianarity (Tarad) (STATE OR COUNTRY)  10. NAME OF FATHER Arrad Warman Addition (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN) Arradianarity (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN) Was there an autopsyll whether Accommendation (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Was there an autopsyll what test conviruance disables from Violent Country (State OR COUNTRY)  14. Hydrianary Additional State of Mother Accommendation (State OR COUNTRY)  15. Figs. 18. J. 18. J. Add Arradia 20 Properties did for additional space.)  16. Where was disease Contracted (dameston) year (secondary)  17. Door 3. O. da.  18. Where was disease Contracted Dath. Date of Journal of House Country of Journal	6.	DATE OF BIRTH (MONTH, DAY AND YEAR) LOT -11-1919		
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which employed (or employer)  9. BIRTHPLACE (CITY OR TOWN) (ARTHURSVILLY (RUTS))  10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (SIGNED)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (SIGNED)  14. INFORMANT AT CAN (Address) (STATE OR COUNTRY)  15. FIRENCE OF MOTHER (CITY OR TOWN) (SIGNED)  16. INFORMANT AT CAN (Address) (STATE OR COUNTRY)  17. PLACE OF BARIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) (ADDRESS)  18. WHERE WAS DISEASE CONTRACTED (AUCUS) (STATE OR COUNTRY) (DID AN OPERATION PRECEDE DEATH). (M. D.		(b) General nature of industry,		
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12. MAIDEN NAME OF MOTHER ONLY MAY (Ally 10.3) 19 2 (Address) Arulhur arth Ulo  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MULLIMITED  (STATE OR SOUNTRY)  14. INFORMANT Arch Market (See reverse side for additional space.)  15. FREE SAME OF LOUISING DEATH, Or in deaths from Violent Causes, state  (1) Means and Nature of Injury, and (2) whether Accidental, or Homeodal. (See reverse side for additional space.)  16. June 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) Carulhury June 19. PLACE OF BURIAL Furnity Currently June 19. PLACE OF BURIAL OF BURIAL OF BURIAL STATE OF BURIAL OF BUR	ARENTS	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	Ame	
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	15.	FILE Style Gda Martin REGISTRAR		

## Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Helath 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, c. 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 Scrvant, 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 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., Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatie), "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. 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.)

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, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, totantus," But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.