MISSOURI STATE	BOARD OF HEALTH
BUREAU OF VITAL STATISTICS	
,	TE OF DEATH 21495
1. PLACE OF DEATH	
County	No. 65-/
•	District No. 1 867 Registered No.
City (No. Word)	
2. FULL NAME Odith Mas Illams	
(a) Residence No. St.,	
(Usefal place of abode) Length of residence in city or town where death occurred yrs. mes.	(If nonresident give city or town and State) ds. How long in U.S., if of foreign birth? yes. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGAE, MARRIED, WIDOWED OR	
DIVORCED (write the worfd)	16. DATE OF DEATH (MONTH, DAY AND YEAR) 1920
Female Potored Manuel	17. I HEREBY CERTIFY That I attemded deceased from
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	July 10 , 1913, 60 July 12 , 1923
(OR) WIFE OF	that I last saw h. Mil. alive on the state of the state o
6. DATE OF BIRTH (MONTH, DAY AND YEAR) YEAR, / /907	death occurred, on the date stated above, at
7. AGE YEARS MONTHS DAYS If LESS than 1	THE CAUSE OF DEATH WAS AS FOLLOWS:
18 5 /9 day,	30 Malaria
// / <u>«</u> min.	3.3
8. OCCUPATION OF DECEASED	
(a) Trade, profession, or particular kind of work	(duration) yrs. mos. 3 de
(b) General nature of industry.	CONTRIBUTORY
husiness, or establishment in	(SECONDARY)
which employed (or employer)	(duration)yrs
	18. WHERE WAS DISEASE CONTRACTED
9. BIRTHPLACE (CITY OR TOWN)	IF NOT AT PLACE OF DEATHY
(STATE OR COUNTRY)	DID AN OPERATION PRECEDE DEATH? Date of
10. NAME OF FATHER DOCK Ledans	Was there an autopsy?
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	(Signed)
12. MAIDEN NAME OF MOTHER alex Harris	July 12, 1998 (Address) Carutherwill ms.
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 Indust, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
14. INFORMANT Bill Worther	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
(Address) Coneth en Me, Mo.	
	maron Cemeting Josepy /3,1920
Franky () 1983 Walker	20. UNDERTAKER
REGISTRAR	Friends Carutherin
	mo
<u>U</u>	

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, 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 childbir h or miscarriage, as "PUERPERAL septi emia," "PUERPERAL peritonitis." etc. State cause for which surgical operation was undertaken. For violent deaths state means or INJURY and qualify as ACCIDENTAL, SUICIDAL, OF 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, ceilulitis, childbirth, convuisions, 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.