MISSOURI STATE BOA	ARD OF	HEALTH
BUREAU OF VITAL	STATIST	ICS
CERTIFICATE OF	DEATH .	

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City Described (No. 1)  2. FULL NAME  (a) Residence. No. (Usual place of abode)  (Usual place of beath)  (Usual place of abode)  (Usual place of place)  (Usual place of place of abode)  (Usual place of place)  (Usual place of place of abode of place of		Registration District	No	TOP			
City Described (No. 1)  2. FULL NAME  (a) Residence. No. (Usual place of abode)  (Usual place of beath)  (Usual place of abode)  (Usual place of place)  (Usual place of place of abode)  (Usual place of place)  (Usual place of place of abode of place of	Township	Primary Registration	District No	MITE	Registered No	<u> </u>	*******
(a) Residence, No. (Usual piaco of abode)  (Usual piac	1/2	······································				****************	Ward)
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PERSONAL AND STATISTICAL PARTICULARS  I. SEX  I. COLOR OR RACE  S. SIMMER, MARRIETH, WIDOWED OR DIVORCED (critic the word)  WINDELL WHITE  WIDOWED, OR DIVORCED (critic the word)  II. BARRIED, WIDOWED, OR DIVORCED  HUSBAND OF PURCH, GOOD NOW, Ale.  I. DATE OF BIRTH (MONTH, DAY AND YEAR)  JAME OF BIRTH ALEC (CITY OR TOWN)  JERTHPLACE (CITY OR TOWN)  JERTHPLACE (CITY OR TOWN)  JERTHPLACE OF FATHER (CITY OR TOWN)  JERTHPLACE OF MOTHER (CITY OR TOWN)  JERT			de.	How land in 11.S.			
15. DATE OF DEATH (WONTH, DAY AND YEAR)  AGE YEARS MONTHS DAYS IT LESS than 1 day, bread of work of the perticular kind of work of the perticular kind of work (STATE OR COUNTRY)  18. NAME OF FATHER (CITY OR TOWN)  19. NAME OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER DAYS NAME OF STATES OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF FATHER (CITY OR TOWN)  14. BIRTHPLACE OF FATHER (CITY OR TOWN)  15. DAYE OF DEATH (WONTH, DAY AND YEAR)  16. DAYE OF DEATH (WONTH, DAY AND YEAR)  17. J. HE REBY CERTIFY, That I pitcoded deceased from 19.25  18. NAME OF FATHER (CITY OR TOWN)  19. NAME OF FATHER (CITY OR TOWN)  19. NAME OF FATHER (CITY OR TOWN)  19. NAME OF MOTHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. MARDEN NAME OF MOTHER (CITY OR TOWN)  15. DAYE OR COUNTRY)  16. DAYE OF DEATH (WONTH, DAY AND YEAR)  17. J. HE REBY CERTIFY, That I pitcoded deceased from 19.25  16. DAYE OF DEATH (WONTH, DAY AND YEAR)  17. J. HE REBY CERTIFY, That I pitcoded deceased from 19.25  18. DAYE OF DEATH (WONTH, DAY AND YEAR)  19. Zify to J.	Mayta or resource in city or town where negth occurred	,,,,		/			
DIVORCED (curry the word)  IN MARSHED, WILDOWED, OR DIVORCED  HUSBAND OF PURAL BOOKK Sec.  DATE OF BIRTH (MORTH, DAY AND VEAR)  AGE  YEARS  MONTHS  DAYS  II LESS than I day, brs.  OCCUPATION OF DECEASED  (a) Trade, profession, or perfecter kind of work  (b) General nature of industry, brusiness, or establishment in which employed (or comployer)  (c) Name of comployer  18. WHERE ON DETAILS  19. NAME OF FATHER  STATE OR COUNTRY)  19. NAME OF FATHER (CITY OR TOWN) Survivariant (STATE OR COUNTRY)  11. BIRTHPLACE OF MOTHER CITY OR TOWN) Survivariant (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CITY OR TOWN) Survivariant (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER CITY OR TOWN) Survivariant (STATE OR COUNTRY)  14. MIRE AN AUTOPED DEATH.  (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN) Survivariant (STATE OR COUNTRY)  16. NAME OF FATHER (CITY OR TOWN) Survivariant (STATE OR COUNTRY)  17. ME THERE AN AUTOPED DEATH, OR PRESEDE PEATH OF THE ACCIDENTAL, OF MOTHER COUNTRY)  16. NAME OF FATHER (CITY OR TOWN) Survivariant (STATE OR COUNTRY)  17. MEAN AND NATURE OF INTURY, and (3) whether ACCIDENTAL, OF MOTHER (CITY OR TOWN) Survivariant (STATE OR COUNTRY)  18. WHERE BY CERTIFY, Theil is discarded doceased typm  THE CAUSE OF CERTIFY, Theil is discarded doceased typm  19. PACE OF BURIAL CREMATION, OR REMOVAL AND DATE OF BURIAL SURVIVARIANT (STATE OR COUNTRY)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL AND DATE OF BURIAL  MINORMANY GRANT AND ACCIDENT AND SURVIVARIANT AND SURVIV			2	MEDICAL	CERTIFICATE OF	DEATH	
ASE PEARS MONTHS DAYS ILLESS than I day, min.  CCCUPATION OF DECEASED  (a) Trade, profession, or particular field of work of country)  (b) General nature of industry, business, or establishment in which employed (or enabyer)  (c) Name of country)  18. When DAYS ILLESS than I day, min.  CCCUPATION OF DECEASED  (a) Trade, profession, or particular field of work of work of the date of work of the date stated above, at. If the CAUSE OF DEATH+ AS AS FOLLOWS:  CCCUPATION OF DECEASED  (a) Trade, profession, or particular field of work of work of the date of work of the date stated above, at. If the CAUSE OF DEATH+ AS AS FOLLOWS:  CCCUPATION OF DECEASED  (a) Trade, profession, or particular field of work of work of the date stated above, at. If the CAUSE OF DEATH+ AS AS FOLLOWS:  CCCUPATION OF DECEASED  (a) Trade, profession, or particular field of work of work of the day, work of the day, which can be a support of the country of	Divorced (w	rife the word)	16. DATE	OF DEATH (MONTH	, DAY AND YEAR)	C, 10	1925
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HUSBAND OF PULL BOOK . S		<del></del>					
DATE OF BIRTH (MONTH, DAY AND YEAR) JAM, 8 -   86    AGE YEARS MONTHS DAYS II LESS than I day, br. or min.  OCCUPATION OF DECEASED  (a) Trade, profession, or or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or engloyer)  (c) Name of employer  18. NAME OF FATHER JOHNS SCHOOL SCHOOL STATE OR COUNTRY)  19. NAME OF FATHER JOHNS SCHOOL SCHO							
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AGE YEARS MONTHS DAYS II LESS than I day, bra. Gardine Called Cal	DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8	-1861	Ŋ		. •		
day, brs. or min.  OCCUPATION OF DECEASED  (a) Trade, profession, or particular faind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  (d) Name of employer  18. WHERE WAS DIEASE CHITACTED  19. NAME OF FATHER Sound Solvanishment  (STATE OR COUNTRY)  11. BIRTHPLACE (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. WHAT TEST CONFIRMED DIAGNOSIST  (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. DATE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  18. WHAT TEST CONFIRMED DIAGNOSIST  (STATE OR COUNTRY)  19. (Address)  10. MEANS AND NATURE OF INCIENT, and (2) whether Accommynate, or Mountain,			IHE	CAUSE OF DEATI	n+ was as rollows:		
(a) Trade, protessien, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  (d) Name of employer  (e) Name of employer  18. WHERE WAS DESEAS SOMMARY  19. NAME OF FATHER Sowny Schmidtle  11. BIRTHPLACE (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. BIRTHPLACE 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 DESEAS SOMMARCH TO A COUNTRY  WAS THERE AN AUTOPSTI.  WHAT TEST CONFIRMED DIAGNOSISI.  (Signed)  (Signed)  (State the Diabase Causing Dearn, of Directs from Violent Causen, state  (Malress)  (STATE OR COUNTRY)  18. WHERE WAS DISEASE CAUSING DEARN, of Directs from Violent Causen, state  (Malress)  (STATE OR COUNTRY)  19. PLACE OF BURIAL. CREMATION, OR REMOVAL  (Address)  (Malress)  (STATE OR COUNTRY)  19. PLACE OF BURIAL. CREMATION, OR REMOVAL  (Address)  (Malress)  (STATE OR COUNTRY)  20. UNDERTAKER  ADDRESS				<u>.</u>	<b>/}</b>	••••••	
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establichment in which employed (or employer)  (c) Name of employer  (d) Name of employer  (E) Name of	64 11 2	etmin.	Va	ecric (	carein	vena	<u></u>
(a) Trade, profession, or perticular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  (d) Name of employer  (E) NAME OF FATHER HOLL SCHIMMAN SCHIMMAN (STATE OR COUNTRY)  18. WHERE WAS DISEASE CHIEFLOTH AND DATE OF DEATH. W. DATE OF DID AN OPERATION PRECEDE DEATH!. W. DATE OF DID AN OPERATION PRECEDE DEATH!. WAS THERE AN AUTOPSY!. WAS THERE AN AUTOPSY!. WHAT TEST CONFIRMED DIAGNOSIS!. Y. Palpable Music (STATE OR COUNTRY)  19. MAIDEN NAME OF MOTHER CITY OR TOWN) SUMMAN (STATE OR COUNTRY)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN) SUMMAN (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN) SUMMAN (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) SUMMAN (STATE OR COUNTRY)  14. WHAT TEST CONFIRMED DIAGNOSIS!. Y. Palpable Music (STATE OR COUNTRY)  15. MAIDEN NAME OF MOTHER CITY OR TOWN) SUMMAN (STATE OR COUNTRY)  16. MARN AND NATURE OF BURIAL. CREMATION, OR REMOVAL OF BURIAL. (Address) SOMMAN (20) whether ACCIDENTAL, SUICIDAL, OR HOSICIDAL. (SOO REVERSE SIDE OF BURIAL. CREMATION, OR REMOVAL ADDRESS  19. PLACE OF BURIAL. CREMATION, OR REMOVAL ADDRESS  20. UNDERTAKER  ADDRESS	OCCUPATION OF DECEACED		461	3			
(c) Name of employer  BIRTHPLACE (CITY OR TOWN)  18. WHERE WAS DEFENDED.  19. NAME OF FATHER Showy Schwalter  (STATE OR COUNTRY)  10. BIRTHPLACE OF FATHER (CITY OR TOWN) Schwalter  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN) Schwalter  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CITY OR TOWN) Schwalter  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Schwalter  (STATE OR COUNTRY)  14. WHERE WAS DEFENDED.  15. NOT A PLACE OF DEATH.  WHAT TEST CONFIRMED DIAGNOSIST.  (STATE OR COUNTRY)  15. WHERE WAS DIRECTED.  16. WHERE WAS DIRECTED.  WAS THERE AN AUTOPSTI.  WHAT TEST CONFIRMED DIAGNOSIST.  (STATE OR COUNTRY)  17. Address)  18. WHERE WAS DIRECTED.  19. PLACE OF DEATH.  19. (STATE OR COUNTRY)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) DATE OF BURIAL (Address) DATE OF BURIAL (ADDRESS)  20. UNDERTAKED.  18. WHERE WAS DIRECTED.  19. PLACE OF DEATH.  19. Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) DATE OF BURIAL (ADDRESS)  20. UNDERTAKED.		0	117	Ñ.C		· /_	
business, or establishment in which employed (or employer)  (c) Name of employer  18. Where was disease contraction  19. NAME OF FATHER Sowny Schmidtle  11. BIRTHPLACE OF FATHER (CITY OR TOWN) Solventially  (State or country)  12. MAIDEN NAME OF MOTHER CUTY OR TOWN) Solventially  (State or country)  13. BIRTHPLACE OF MOTHER CUTY OR TOWN) Solventially  (State or country)  14. Maiden NAME of MOTHER CUTY OR TOWN) Solventially  (State or country)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN) Solventially  (State or country)  16. What test confirmed diagnosist. A Ray & Calpable Must (Signed) Solventially  (Signed) Solventi	particular kind of work	erk			(duration)	yra, &2moş.	do.
DESIDES, OF CHARLESTINES, THE STATE OF COUNTRY)  18. WHERE WAS DESEASE CONTRACTED.  18. WHERE WAS DESEASE CONTRACTED.  19. NAME OF FATHER JOSSY SCIENCE CONTRACTED.  10. NAME OF FATHER JOSSY SCIENCE CONTRACTED.  11. BIRTHPLACE OF FATHER (CITY OR TOWN) SUMMANY.  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER DUNCATE NAME.  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) SUMMANY.  (Signed) 6. Signed) 6. Signed.  14. MAIDEN NAME OF MOTHER (CITY OR TOWN) SUMMANY.  (Signed) 6. Signed) 6. Signed.  (Signed) 6. Signed) 6. Signed.  (Signed) 6. Sig					برهب		
18. WHERE WAS DESEASE CONTRACTED  18. WHERE WAS DESEASE CONTRACTED  19. DIRTHPLACE (CITY OR TOWN)  19. NAME OF FATHER HOLD SOLVEN SOLVE			(SECURIDA	( <b>)</b>	1 St. 1 St. 1 St. 1		
18. WHERE WAS DIRECTED BY  18. NAME OF FATHER SCAMP Scammattic  11. BIRTHPLACE OF FATHER (CITY OR TOWN) SUBMITTALING  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CITY OR TOWN) SUBMITTALING  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) SUBMITTALING  (STATE OR COUNTRY)  14. MAIDEN NAME OF MOTHER (CITY OR TOWN) SUMMITTALING  (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN) SUMMITTALING  (STATE OR COUNTRY)  16. WHERE WAS DIRECTED BEATHT.  WHAT TEST CONFIRMED DIAGNOSIST  (Signed) 6 9 1 ROUTER, OR TOWN ON TOWN OF TOWN OF THE STATE OF TH		~			Hauretiogy	yrs	da,
(STATE OR COUNTRY)  18. NAME OF FATHER Standy Softward Country  11. BIRTHPLACE OF FATHER (CITY OR TOWN) SUCCESSARY  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER Success Massel  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Successary  (STATE OR COUNTRY)  14. MAIDEN NAME OF MOTHER (CITY OR TOWN) Successary  (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN) Successary  (STATE OR COUNTRY)  16. MAIDEN NAME OF MOTHER (CITY OR TOWN) Successary  (STATE OR COUNTRY)  17. MAIDEN NAME OF MOTHER (CITY OR TOWN) Successary  (STATE OR COUNTRY)  18. NAME OF FATHER AN AUTOPSTI.  (State OR COUNTRY)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  (Address) Softward Successary  (Address)	(c) read of carpage.	_ <del></del>	18. WHERE	WAS DISEASE CONTRA	Company of the second		
19. NAME OF FATHER SOUNDY Schwidtlee  11. BIRTHPLACE OF FATHER (CITY OR TOWN) Schwidtlee  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CITY OR TOWN) Schwidtlee  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Schwidtlee  (STATE OR COUNTRY)  14. MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Houseman. (See reverse side for additional space.)  15. PLACE OF BURIAL. CREMATION, OR REMOVAL OF BURIAL St. Shirt Charles  (Address) Spannam, MA  19. PLACE OF BURIAL. CREMATION, OR REMOVAL DATE OF BURIAL St. Shirt Charles  19. PLACE OF BURIAL. CREMATION, OR REMOVAL DATE OF BURIAL St. Shirt Charles  19. PLACE OF BURIAL. CREMATION, OR REMOVAL DATE OF BURIAL St. Shirt Charles  19. PLACE OF BURIAL. CREMATION, OR REMOVAL DATE OF BURIAL St. Shirt Charles  20. UNDERTAKER	). BIRTHPLACE (CITY OR TOWN)	עיניטיי	IF NO	T A PLACE OF DEATH	17		
11. BIRTHPLACE OF FATHER (CITY OR TOWN). SUCCESSIVE WAS THERE AN AUTOPSYI.  12. MAIDEN NAME OF MOTHER BUCKET MADEL  13. BIRTHPLACE OF MOTHER (CITY OR TOWN). HOWARD AND NATURE OF INTURY, and (2) whether Accordental, or (STATE OR COUNTRY)  14. MEANS AND NATURE OF INTURY, and (2) whether Accordental, or Howard (See reverse side for additional space.)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) Burnamy, Mar. 1  16. MADER AND NATURE OF INTURY, and (2) whether Accordental, or Howard Cambridge Date of Burial.  17. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL.  18. STATE OR COUNTRY)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL.  19. STATE OR COUNTRY DATE OF BURIAL.  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL.  19. PLACE OF BURIAL CREMATION.	(STATE OR COUNTRY)	, <u>-</u>	Din an	OPERATION PRECEDE I	DEATHS WAY DATE	· OF	
11. BIRTHPLACE OF FATHER (CITY OR TOWN). SUPERIOR (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CUTY OR TOWN). Superior Magel  13. BIRTHPLACE OF MOTHER (CITY OR TOWN). Superior Magel  (STATE OR COUNTRY)  14. BIRTHPLACE OF MOTHER (CITY OR TOWN). Superior Magel  (STATE OR COUNTRY)  15. BIRTHPLACE OF MOTHER (CITY OR TOWN). Superior Magel  (STATE OR COUNTRY)  16. Superior Magel  *State the Disease Causing Death, or Town Violent Causes, state  (I) Means and Nature of Injury, and (2) whether Acceptental, Suicedal, or Housetonal. (See reverse side for additional space.)  16. Superior Magel  *State the Disease Causing Death, or Town Violent Causes, state  (I) Means and Nature of Injury, and (2) whether Acceptental, Suicedal, or Housetonal. (See reverse side for additional space.)  17. PLACE OF BURIAL. CREMATION, OR REMOVAL DATE OF BURIAL  (Address) Spansamm, Magel  20. UNDERTAKER  ADDRESS	10. NAME OF FATHER House to	madthe	<b>†</b>		S/La		
(STATE OR COUNTRY)  (Signed). 6. 9. R. LAGRELL., M. E.  12. MAIDEN NAME OF MOTHER BUCKER MADEL  13. BIRTHPLACE OF MOTHER (CITY OR FOWN). HUNDERS (STATE OR COUNTRY)  (STATE OR COUNTRY)  (Signed). 6. 9. R. LAGRELL., M. E.  *State the Dibbase Caubing Death, or Friesths from Violent Caubins, state (1) Means and Nature of Invert, and (2) whether Accedental, or Hosticidal. (See reverse side for additional space.)  INFORMANT Ghas F. Bolden, M. E.  *State the Dibbase Caubing Death, or Friesths from Violent Caubins, Building, Suicedal, or Hosticidal. (See reverse side for additional space.)  19. PLACE OF BURIAL. CREMATION, OR REMOVAL DATE OF BURIAL  (Address) Spannan, M. E.  *State the Dibbase Caubing Death, or Friesths from Violent Caubins, Suicedal, or Hosticidal, or	000000000000000000000000000000000000000	77.00	WAS THE	ERE AN AUTOPSY?	V 7)	P. O. A	10 Te
12. MAIDEN NAME OF MOTHER BUCKER MADEL  13. BIRTHPLACE OF MOTHER (CITY OR TOWN). SUPPLEMENT (State the DISEASE CAUSING DEATH, or Middle or Country)  14. State the DISEASE CAUSING DEATH, or Middle or Middle or NATURE OF INURY, and (2) whether Accidental, or Homicidal. (See reverse side for additional space.)  15. PLACE OF BURIAL. CREMATION, OR REMOVAL OF BURIAL (Address) Spaces, MASS Defeore.  16. Supplementary State (Address) Spaces, Mass Mass Mass Mass Mass Mass Mass Ma	11. BIRTHPLACE OF FATHER (CITY OF TOWN)	many	WHAT T	EST CONFIRMED DIAG	yosisi / Lag	, varpal	-eruu
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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 neoplasms); 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 de.; Bronchopneumonia (secondary), 10 de. 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 peritonitie," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS State MEANS OF INJURY and qualify AS ACCIDENTAL, BUICIDAL, 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.)

Norm.—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 data.