	Do not use this space.
MISSOURI STATE	BOARD OF HEALTH
	VITAL STATISTICS
	ATE OF DEATH
1. PLACE OF DEATH	14
County Registration Distric	t No.
Township. Primary Registratio	n District No. Refistered No.
City Winds on (No.	St. W-1
Same and Same	·
2. FULL NAME Dus an Dum	
(a) Residence. No	L,
Length of residence in city or town where death occurred yrs. mor	de Hambarta II C if at a se la se
PERSONAL AND STATISTICAL PARTICULARS	12
2 000	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (print the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14 19 24
deanch Negra Widowed	17.
5A. IF MARRIED, WIDOWED, OR DIVORCED	HERENY-CERTIFY, That I altended deceased from
HUSBAND OF (OR) WIFE OF	19256 10 16/2030
(MV MILT OF	that I last saw h I alive on 1976 and that
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Que 9-1857	death occurred, on the date stated stoore, at
7 405	THE CAUSE OF DEATH+ WAS AS FOLLOWS:
7. AGE YEARS MONTHS DAYS II LESS than 1 day,	18 20 Mi
74 5 /2 or min.	77
P. OCCUPATION OF PROPERTY	Janely I I
8. OCCUPATION OF DECEASED	The state of the s
(a) Trade, profession, or particular kind of work	direction) - 72 - R5
(b) General nature of industry,	CONTRIBUTORY arturo - Selvosia
business, or establishment in	(SECONDARY)
which employed (or employer) It auch lefting	(duration) yra.
(c) Name of employer	18. WHERE WAS DIVEASE CONTRACTOR
9. BIRTHPLACE (CITY OR TOWN)	
(STATE OR COUNTRY)	IF FOT AT PLACE OF DEATED IN
10. NAME OF FATHER () // 004	DID AN OPERATION FREEDE WATH! DATE OF
Jola Kellbuch	Was there an autoput.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	
(State or country)  Museum	What TEXT CONFIRMED DIAGNOSTY
	(Signed) M. D
12. MAIDEN NAME OF MOTHER Catherine Thomas	19 (Address) Windson Man
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Disease Causing Drate, or in deaths from Violent Causin, state
(STATE OR COUNTRY) Muy auxi	(1) MEANS AND NATURE OF INJURY, and (2) whether Accompany of
11 10 0	HOMICIDAL. (See reverse side for additional space.)
INFORMANT MELOTANI () ASSA	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
(Address) Win Chan MG	W di-
5. (2-all a)	20. UNDERTAKER SO WOODFES
	H CV. UNUEKIAKEK CA CO LAZAMOTEC
FRED	
Frue Registration	Char a Carla Windson

## 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 DIBEASE CAUSING DEATH, state occupation at begipning 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: Gerebrospinal 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.)

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, tecanus." But general adoption of the minimum list suggested will work wast improvement, and its scope can be extended at a later date.