## Do not use this space.

5335

## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Market Market Market No.  Trembility	1.	PLACE OF DEATH	, , , , , , , , , , , , , , , , , , ,			
City Manual Control Co			27 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.5		
2. FULL NAME Unition Amulia Boundary  (a) Residence, No. (Usual place of abode)  Legifa decidence in city or town where death occurred yra. mon.  Description of residence in city or town where death occurred yra. mon.  Description of residence in city or town where death occurred yra. mon.  Description of the process of	Township		· · · · · · · · · · · · · · · · · · ·	•		
Restinces   Rest		City Mariania (Na.		W=d)		
Length of reciberon in city or there where death occurred   yra.   mea.   da.   How long in U.S.    In foreign hird?   yra.   mea.   da.	2.					
PERSONAL AND STATISTICAL PARTICULARS  S. SEX		(a) Residence, No				
3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED OR DIVORCED (crist the word)  SA. It MARRIED, WIDOWED, OR DIVORCED (crist the word)  5. A IT MARRIED, WIDOWED, OR DIVORCED (crist the word)  5. DATE OF BIRTH (HONTH, DAY AND YEAR) (LPLI) 21-1925  7. AGE YEARS   MORTHS   DAYS   IT LESS than I day, brace mins  8. OCCUPATION OF DECEASED  (a) Trade, prefession, or particular kind of work  (b) General nature of industry, besides, or establishment in which engloyed (or engloyer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) MARLALA ALLANDA MARLANDA M	Le					
DIVORCED (cords the word)  5a. If MARKED, WIDOWED, OR DIVORCED (00) WIFE OF  6. DATE OF BIRTH (SONTH, DAY AND YEAR) (PAUL) 21-1925  7. AGE YEARS MONTHS DAYS IN LESS than 1 day, brack of particular kind of work.  8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, brishess, or establishment in which engagined (or engagine) (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) MARKADIA AND MA	PERSONAL AND STATISTICAL PARTICULARS		2 MEDICAL CERTIFICATE OF DEATH			
SA. IF MARRIED, WIDOWED, OR DIVORCED  10. IF MARRIED, WIDOWED, OR DIVORCED  11. D. IF MARRIED, WIDOWED, OR DIVORCED  12. IF MARRIED, WIDOWED, OR DIVORCED  13. IF MARRIED, WIDOWED, OR DIVORCED  14. IF MARRIED, WIDOWED, OR DIVORCED  15. IF MARRIED, WIDOWED, OR DIVORCED  16. DATE OF BIRTH (MONTH, DAY AND YEAR) (Apr. 1925)  17. AGE  18. IF MARRIED, WIDOWED, OR DIVORCED  19. CAUSE OF DEATH (MONTH, DAY AND YEAR) (Apr. 1925)  19. CAUSE OF DEATH (MONTH, DAY AND YEAR) (Apr. 1925)  10. NAME OF FATHER (CITY OR TOWN) (MARRIADA AND MARRIED)  11. BIRTHPLACE (CITY OR TOWN) (MARRIADA AND MARRIED)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (MARRIADA AND MARRIED OF MOTHER COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (MARRIADA AND MARRIED OF MOTHER COUNTRY)  14. INFORMANT  15. BIRTHPLACE OF MOTHER (CITY OR TOWN) (MARRIADA AND MARRIED OF MOTHER (CITY OR TOWN) (MARRIED OF MOTHER MOTHER (MARRIED OF MOTHER MOTHER MOTHER)  14. INFORMANT  15. BIRTHPLACE OF MOTHER (CITY OR TOWN) (MARRIED OF MOTHER MOTHER MOTHER)  16. WHERE WAS DISEASE CONTRACTED  17. IS PLACE OF BURIAL CREMO DIAGNOSIST.  18. WHERE WAS DISEASE CONTRACTED  19. PLACE OF BURIAL CREMO DIAGNOSIST.  19. PLACE OF BURIAL CREMOTION, OR REMOVAL  19. PLACE OF BURIAL  10. MARRIED OF MOTHER (CITY OR TOWN) (MARRIED OF MARRIED OF MOTHER, and (2) whether ACCIDENTAL, or BURIAL  15. PLACE OF BURIAL CREMOTION, OR REMOVAL  16. MARRIED OF MOTHER MOTHER (CITY OR TOWN) (MARRIED OF MOTHER, and (2) whether ACCIDENTAL, or BURIAL  19. PLACE OF BURIAL CREMOTION, OR REMOVAL  19. PLACE OF BURIAL CREMOTION, OR REMOV	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (carile the word)		16. DATE OF DEATH (MONTH, DAY AND YEAR) 7. L 16 - 19 2 4			
SA. IF MARRIED, WILDOWED, OR DIVORCED HUSSARD OF (OR) WIFE OR (OR) WIFE OF (OR) WIF						
## STATE OF COUNTRY)    Mail I has any h. A alive on	<u>) e</u>	male march				
death occurred, on the date stated above, at	SA.	HUSBAND OF	and the state of t			
6. DATE OF BIRTH (MONTH, DAY AND YEAR) (April 21-1925 7. AGE YEARS MONTHS DAYS HEXES than 1 the Secondary of the Court of	(OR) WIFE OF		1			
7. AGE YEARS MONTHS DATE IT LESS than 1 day,	6. DATE OF BIRTH (MONTH, DAY AND YEAR) Upul, 21-1925					
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) MARLILLAR AND CONTRIBUTORY  (STATE OR COUNTRY)  10. NAME OF FATHER Claud Borman  11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marshall (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CLITY OR TOWN) Marshall (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mulliture (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. FIRST 3 7 2 6 Day J. Caradian  20. UNDERTAKER  (AUDICAL CREMATION, OR REMOVAL DATE OF BURIAL CREMATION CREMATION CREMATION CREMATION CREMATION CREMATION CREMATION CREMATION	7.	AGE YEARS   MONTHS   DAYS   If LESS than 1	Branche & Ineumorea			
8. OCCUPATION OF DECEASED  (a) Trade, profession, or periodar kind of work  (b) General nature of industry, business, or establishment in which cuployed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) MARIADAMAL MY (SECONDARY)  11. BIRTHPLACE OF FATHER CLAUND BONNAME (CITY OR TOWN) MARIADAMAL (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CLIVY OR TOWN) MARIADAMAL (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MARIADAMAL (Signed)  14. INFORMANT (STATE OR COUNTRY)  15. FIRST 47, 26 Day T. Chamisa (2) Whether Accumentary or Huter, and (3) Whether Accumentary or Huter, and (4) Whether Accumentary or Huter, and (2) Whether Accumentary or Huter, and (3) Whether Accumentary or Huter, and (4) Whether Accumentary or Huter, and (5) Whether Accumentary or Huter, and (6) Whether Accumentary or Huter, and (7) Whether Accumentary or Huter, and (7) Whether Accumentary or Huter, and (8) Whether Accumentary or Huter, and (9) Whether Accumentary or Huter, and (1) Maximum or Huter, and (2) Whether Accumentary or Huter, and (3) Whether Accumentary or Huter, and (3) Whether Accumentary or Huter, and (2) Whether Accumentary or Huter, and (3) Whether Accumentary or Huter, and (3) Whether Accumentary or Huter, and (2) Whether Accumentary or Huter, and (2) Whether Accumentary or Huter, and (3) Whether Accumentary or Huter, and (4) Whether Accumentary or Huter, and (4) Whe			1.	water to the state of the state		
(a) Trade, profession, or particular kind of work  (b) General nature of industry, besiness, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) MARIALITY AND STATE OR COUNTRY)  10. NAME OF FATHER CLAUSE COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN) MARIALITY AND STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CITY OR TOWN) MARIALITY COUNTRY  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MARIALITY COUNTRY)  14. INFORMANT  (Address)  15. FIRST 47 26 Day J. Carming  16. Where was disease contracted  17. Informant  (Sidned)  18. Where was disease contracted  19. Informant  (Sidned)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  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  DATE OF		1 / 1 2 6 1 =				
particolar kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) MALLALLALLALLALLALLALLALLALLALLALLALLALL	8.	OCCUPATION OF DECEASED	1.4.4.63			
(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) MARLLAND MOST (STATE OR COUNTRY)  10. NAME OF FATHER CLAUDE BOMMAN WAS THERE AN AUTOPSYT.  11. BIRTHPLACE OF FATHER (CITY OR TOWN) MINISTERIAL (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CLITY OR TOWN) MUST A THE COUNTRY (SIZE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mullitude C. (STATE OR COUNTRY)  14. (STATE OR COUNTRY)  15. FIRE A MAIDEN NAME OF MOTHER (CITY OR TOWN) Mullitude C. (STATE OR COUNTRY)  16. WHERE WAS DISEASE CONTRACTED  17. DID AN OPERATION PRECEDE DEATH!  WHAT TEST CONFIRMED DIAGNOSIS!  (STATE OR COUNTRY)  18. WHERE WAS DISEASE CONTRACTED  19. DID AN OPERATION PRECEDE DEATH!  WHAT TEST CONFIRMED DIAGNOSIS!  (STATE OR COUNTRY)  19. PLACE OF BURIAL CAPTERS DIAGRAM (2) whether ACCIDENTAL, 60° CITELS, state (1) MERICA AND NATURE OF INJURE, and (2) whether ACCIDENTAL, 60° CITELS, state (1) MERICA AND NATURE OF INJURE, and (2) whether ACCIDENTAL, 60° CITELS, state (1) MERICA AND NATURE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address)  15. FIRE A MAIOPSY.  26. WHERE WAS DISEASE CONTRACTED  16. WHERE WAS DISEASE CONTRACTED  17. DID AN OPERATION PRECEDE DEATH!  WHAT TEST CONFIRMED DIAGROSIS!  WHAT TEST CONFIRMED DIAGROSIS!  WHAT TEST CONFIRMED DIAGROSIS!  WHAT TEST CONFIRMED DIAGROSIS!  (STATE OR COUNTRY)  16. WHERE WAS DISEASE CONTRACTED  WHAT TEST CONFIRMED DIAGROSIS!  WHAT			(duration) yrsds.			
business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) MARLIAN AND MAR		•				
9. BIRTHPLACE (CITY OR TOWN) Mariabaria Mo (STATE OR COUNTRY)  10. NAME OF FATHER Claud Bowman  11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouria (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CLive Farrica  13. BIRTHPLACE OF MOTHER CLive Farrica  14. INFORMANT  (STATE OR COUNTRY)  15. PLACE OF BURIAL CREMATION, OR REMOVAL  (Address)  16. WHERE WAS DISEASE CONTRACTED  17. ID AN OPERATION PRECEDE DEATH.  WAS THERE AN AUTOPSY!  WHAT TEST CONFIRMED DIAGNOSIST  (STATE OR COUNTRY)  (STATE OR COUNTRY)  18. WHERE WAS DISEASE CONTRACTED  19. DATE OF DATE,		business, or establishment in	li '			
9. BIRTHPLACE (CITY OR TOWN) Manufactured Mos  (STATE OR COUNTRY)  10. NAME OF FATHER CLOUD BOWN) MANUELLE OF FATHER (CITY OR TOWN) MANUELLE OF FATHER (CITY OR TOWN) MANUELLE OF MOTHER CLOUD FATHER (CITY OR TOWN) Multiple Of Mother Cloud Father (CITY OR TOWN) Multiple Of State the Dispass Causing Death, or in deaths from Violent Causing of Index, and (2) whether Accidental, or Homicidal. (See reverse side for additional space.)  14. Brosmant (Address)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address)  20. UNDERTAKER  20. UNDERTAKER  21. UNDERTAKER  22. UNDERTAKER  23. UNDERTAKER  24. ADDRESS	- ' '					
DID AN OPERATION PRECEDE DEATH.  DATE OF.  DID AN OPERATION PRECEDE DEATH.  DATE OF.  DID AN OPERATION PRECEDE DEATH.  DATE OF.  WAS THERE AN AUTOPSY!  WHAT TEST CONFIRMED DIAGNOSIST.  WHAT TEST CON			18. Where was disease contracted			
10. NAME OF FATHER Claud Bown Was there an Autopsys.  11. BIRTHPLACE OF FATHER (CITY OR TOWN) MILESTANIA (Signed) What test confirmed diagnosis:  12. MAIDEN NAME OF MOTHER CLIVE OR TOWN) Mulliture Considered to the Director Causing Death, or in deaths from Violent Causing, state (State or country)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mulliture Considered to the Director Causing Death, or in deaths from Violent Causing, state (I) Means and Nature of Injury, and (2) whether Accidental, Suitemal, or Homicidal. (See reverse side for additional space.)  14. INFORMANT B. Multiple Considered to the Considered to the Considered to the Director Causing Death, or in deaths from Violent Causing, state (I) Means and Nature of Injury, and (2) whether Accidental, Suitemal, or Homicidal. (See reverse side for additional space.)  14. INFORMANT B. Multiple Causing Death, or in deaths from Violent Causing, state (I) Means and Nature of Injury, and (2) whether Accidental, Suitemal, or Homicidal. (See reverse side for additional space.)  15. Event 17. 12.6 Day J. Causing Death Ca			IF NOT AT PLACE OF DEATHY			
11. BIRTHPLACE OF FATHER (CITY OR TOWN) MASSAULIN (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CLIVE FATTICAL (Signed) Selection (Signed) MASSAULIN (MASSAULIN MASSAULIN MA	(STATE OR COUNTRY)		DID AN OPERATION PRECEDE DEATHY			
(STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CLIP FARTIS)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sullities Companies (State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Industry, and (2) whether Accordance or Homocroal. (See reverse side for additional space.)  14. INFORMANT (Address)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address)  16. ADDRESS  17. ADDRESS		10. NAME OF FATHER Claud Bowman	WAS THERE AN AUTOPSY?			
(STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CLIVE FARTIS)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sullities Companies of Indian, and Companies	PARENTS	11. BIRTHPLACE OF FATHER (CITY OR TOWN). MISSOURI	WHAT TEST CONFIRMED DIAGNOSIST.	WHAT TEST CONFIRMED DIAGNOSIST		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stallitus (1)  (STATE OR COUNTRY)  14. INFORMANT (Address)  15. FIRST 4/7 126 Day J. Carrier  16. CITY OR TOWN) Stallitus (2)  17. Carrier  18. Carrier  18. Carrier  18. Carrier  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL  19. Carrier  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL  19. Carrier  19. Carr			2-17, 192-6 (Address) Sizeston 175  *State the Dinease Causing Death, or in deaths from Violent Causes, state  (1) Means and Nature of Indust, and (2) whether Accordental, Suicidal, or			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stallitus (1)  (STATE OR COUNTRY)  14. INFORMANT (Address)  15. FIRST 4/7 126 Day J. Carrier  16. CITY OR TOWN) Stallitus (2)  17. Carrier  18. Carrier  18. Carrier  18. Carrier  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL  19. Carrier  19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL  19. Carrier  19. Carr		12 MAIDEN NAME OF MOTHER ELA				
(STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (Address)  (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (See reverse side for additional space.)  14.   (Address)  15.   (Address)  (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. (See reverse side for additional space.)  16.   (Address)						
14. INFORMANT B. Mitchell  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Address)  15. ELECTION OF REMOVAL  ADDRESS  ADDRESS		13. BIRTHPLACE OF MOTHER (CITY OR TOWN)				
(Address)  15.  FIRST 17 26 Day J. Classical 20. UNDERTAKER  ADDRESS  ADDRESS		(STATE OR COUNTRY)	Montenan (Sectional Section			
15. FUET 17 26 Son J. Carpias 20. UNDERTAKER W ADDRESS	INFORMANT D UNITED TO THE STATE OF THE STATE		19. PLACE OF BURIAL, CREMATIC	ON, OR REMOVAL DATE OF BURIAL		
French Jan V. Jaraban			Descolor 100 217 9			
FREGISTRAR JA JACOB AND	15.	2-14 26 Day 7 Paris	20. UNDERTAKER	ADDRESS		
		FILED REGISTRAR	The IN There	# 1777.		

## 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"); Typhad 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 of INJURY and qualify as ACCIDENTAL, BUICIDAL, 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, telanus), 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, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work wast improvement, and its scope can be extended at a later date.

MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED FOR MUST BE WRITTEN ON BUREAU OF VITAL STATISTICS THIS SUPPLEMENTARY. CERTIFICATE OF DEATH PRESCRIBED .....SL. ......Werd. (If nonresident give city or town and State) (Usual place of abode) Lendth of residence in city or town where death occurred How long in U.S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS COMPL 3. SEX 5. SINGLE, MARKIED, WIDOWED OR 16. DATE OF DEATH (MONTH, DAY AND YEAR DIVORCED (write the word) 17. I HEREBY CERTIN ARE . That I attended deceased from ...... 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE If LESS than 1 YEARS MONTHS DAYS 8. OCCUPATION OF DECEASED carefully supplied. (a) Trade, profession, or particular kind of work (b) General nature of industry. CONTRIBUTORY..... business, or establishment in which employed (or employer)..... (c) Name of employer 18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) ...... IF NOT AT PLACE OF DEATHY..... (STATE OF COUNTRY) đ 10. NAME OF FATHER RECEIV WAS THERE AN AUTOPSYT..... 11. BIRTHPLACE OF FATHER (CITY OR TOWN) WHAT TEST CONFIRMED DIAGNOSIST..... (STATE OR COUNTRY) Every item of informatio OF DEATH in -201 (Signed)...... M. D 12. MAIDEN NAME OF MOTHE . 19 (Address) \*State the Dismann Causing Death, or in deaths from Violent Causes, state 13. BIRTHPLACE OF MOTHER (CITY TOWN)..... (1) MEAKS AND NATURE OF INJUST, and (2) whether Accidental Sciences of (STATE OR COUNTRY) HOMICIDAL. (Bee reverse side for additional space.) 14. 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 15. Fin2-17 1026 /20 20. UNDERTAKER **ADDRESS** REGISTRAD

Revised United States Standard

Certificate of Death

(Approved by U. S. Census and American Public Health

Association.)

occupation is very important, so that the relative

healthfulness of various pursuits can be known. The

Statement of Occupation .- Precise statement of

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 house-

O

dustry, and therefore an additional line is provided

hold 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

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 what-

ever. write None.

has been changed or given up on account of the

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.; Broncho-pneumonia (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-probablu 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, erysipelas, meningitis, miscarriago, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanun." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.