N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. PLACE OF DEATH	62.9 235
County LAS CALLAND AND Begintration District	No. Me No.
Township	
an Karemurold No.	Ward)
FULL NAME Law Libraries	Collins 1
(a) Residence. No	(If nonresident give city or town and State)
ength of residence in city or town where death occurred 94 yrs. mos.	ds. How long in U.S., if of foreign kirth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR	16. DATE OF DEATH (MONTH, DAY AND YEAR) Pull 15 19 2 1
Divorced (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) YELLY 13 1926
male While Married	I HEREBY CERTIFY, That I attended decreased from
IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	19-26 to Left 14 19-21
(OR) WIFE OF ON Shipping	that I last saw h. A. alive on
THE OF BIRTH (MONTH, DAY AND YEAR) MALLY ME STORY	death occurred, on the date stated above, at
	THE CAUSE OF DEATH* WAS AS FOLLOWS:
AGE YEARS MONTHS DAYS I LESS than I	Careemonna of right
57 ac	Brenst.
COMPLETION OF DESCRIPTION	,
OCCUPATION OF DECEASED (a) Trade, protession, or — //	
perticular kind of work	(duration) , , , , , , , , , , , , , , , , , , ,
(b) General nature of industry,	CONTRIBUTOR
business, or establishment in which employed (or employer)	(SECONDARY)
(c) Name of employer	(durefice) , , , , , , , , , , , , , , , , , , ,
· · · · · · · · · · · · · · · · · · ·	18. Where was disease compacted
BIRTHPLACE (CITY OR TOWN)	IF NOT AT PLACE OF DEATHY
(STATE OR COLINTRY) Anchora	DID AN OPERATION PRECEDE DEATHY
10. NAME OF FATHER	
	WAS THERE AN AUTOPSYL.
11. BIRTHPLACE OF FATHER (CITY OF TOWN)	WHAT TEST CONFIGNED DIAGNOSIST
(STATE OR COLINTRY) PUNSEINOMEN	(Signal) to the underson, M.D.
12 MAIDEN NAME OF MOTHER Emma Garran	19 (Address) (Branch move of a
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Disease Causino Dears, or in deaths from Violence Causes, state
(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accomment, Suignal, or
Then the	Homotopal. (See reverse side for additional space.)
INFORMACT ALL MYBIT	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
(Address) Reaverage Bu	
Dani ARR-AL.	20, UNDERTAKER ADDRESS
FRED JULY 19 19 P	
REGISTRAR	Kors and Your Raveninger
	,

(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, Locomotipe 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 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 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 "Puenperal septicemia." "PUERPERAL peritonitie," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS State MEANS OF INJURY and qualify 88 ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 88 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, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, 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.

Additional space for further statements

By Physician.