MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF		ICATE OF DEATH	0.01.02	
٠	I. PLACE OF DEATH	4/9	28193	
	County Registration Dis		File No.	
	Township Docado Sounds	ation District No4,095	Registered No	
2. FULL NAME Eliga 7 Vittetoe				
	(a) Residence. No	. St.,	onresident give city or town and State)	
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.				
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERT	TIFICATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (corrie the word) White Ware Market		16. DATE OF DEATH (MONTH, DAY /	II U	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUGHAND OF (OR) WIFE OF WM PVILLETOE		that I but saw here alive on Se	A and and but and	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) DIC 26-1854		denth occurred, on the date stated above,	•	
7.	AGE YEARS MONTHS DAYS II LESS then day,	Ossertini	S AS FOLLOWS:	
_	OCCUPATION OF DECEASED			
(a) Trade, profession, or particular kind of work		1331	(defallon) yrs. ds	
(b) General nature of industry, business, or establishment in which employed (or employer)		CONTRIBUTORY(SECONDARY)		
(c) Name of employer			(dama (Sa) yra. meo. da.	
9. BIRTHPLACE (CITY OR TOWN)		18. WHERE WAS DISEASE CONTRACTED		
(STATE OR COUNTRY)		() ()	1	
	10. NAME OF FATHER Raind Cabbs	Was there an autopsys	LIO DATE OF.	
şņ	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSISS.	climeal	
Z	(STATE OR COUNTRY)	(Sidned)	awson 40	
PARENTS	12 MAIDEN NAME OF MOTHER Donal arustr	one 23. , 1926 pages PM	made they up	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Disman Causing Dra	ATH, or in death from Violent Causes, state	
	(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJURY, HOMICIDAL, (See reverse side for addition	and (2) whether Accidental, Suicidal, or	
14.	INFORMANT WILLOW PVILLETOR (Address) ElDorodo Shure, M.	19. PLACE OF BURIAL, CREMATION		
15,	912 91 W D	20. UNDERTAKER	ADDRESS ADDRESS	
	REGISTRA	21 0.	Eldout Star M.	
		VVVV WW VVVVI		

N. B.—Every item of information ahould 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,

WHILE PLAINLY, WITH UNFADING INK --- THIS IS A PERMANENT RECORD

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 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 discase: 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., whon 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, 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.