9	PLACE OF DEATH	MISSOURI STATE BOARD OF HEALTH
	inty. DENall	CERTIFICATE OF DEATH 2831
VIII	age - Writy Primary Registrati	wed 8
City		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
8E	COLOR OR BAGE  SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH  Sept 30, 1926  (Model) (Day) (Year)
DATE OF BIRTH  (Month)  (Day)  (Year)		I HEREBY CERTIFY, that I attended deceased from Sept 27, 1976, to 9 30, 1926,
AGE 3   If LESS than I day,hrs. ormin.?		and that death occurred, on the date stated above, at 2. 20m.  The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work  At Horus		The Cause of DEATH was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)		1000
BIRTHPLACE (City or town, State or foreign country)		(Duration) yrs mos 7 ds.
	NAME OF You Cox	(SECONDARY) (Durstlon) (Durstlon) (Durstlon)
PARENTS	BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown	(81gned) J Arrold M. D. 10-1, 1826 (Address) auth, Mo
PAR	OF MOTHER Ellen Breekenridge	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Lujury; and (2) whether Accidental, Scheidal, or Homicidal.  LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	RECENT RESIDENTS)  At place of deathyrsmosds. Stateyrsmosds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted if not at place of death?
	(ADDRESS) amity mo	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
File	d 10 1 1926 3 1 Arrived REGISTRAR	UNDERTAGER Pileler Maywille Mo

[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 Plaster, 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) Spinster, (b) Colion 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 Servani, Cook, Housemaid, etc. If the occupation has been changed or given up of account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact men 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 printary 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"); Ditabberia (avoid Juse of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pagumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., con (name origin; "Cancer" is less definite; avoid

use of "Timor" for malignant neoplasma); Measles; Whooping cough; Chronic valoular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Medsles (disease Vausfile death), 29 ds.; Bronchopneumonia (secondary) 210 de Never report mere symptoms on terminal conditions, such as "Asthenia,""Anaemia" (mérely symptomatic),"Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus " ld age," "Shock," "Uraemia;" "Weakness," etc., when a definite disease can be ascertaiged as the cause. Always qualify all diseases resulting from childbirth or flis-carriage, as "Puerperant sepichaemia" "Puerperant peritonitis," etc. State cause for which surgical operation was undertaken. By VIOLENT DEATHS State MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL, OF HOMI-CIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train-accident; Revolver wound of head-homieide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. K., 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.)