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	VITAL STATISTICS		
1	ate of Death 292 40 2/		
1. PLACE OF DEATH	1-11		
County Registration Distri	ct No. O Pile No.		
Township Primary Registratis	7. 7. 7. 1		
Gity (Ot done No.	St. Ward		
60			
2. FULL NAME	manou		
(a) Benidence. No. S	L		
(Usual place of abode) Length of residence in city or town where death occurred yra, me	(If nonresident give city or town and State) ds. How long in U.S., if of fereign hirth? yrs. mos. ds.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 192		
Me 11 (1) la Divogen (what the word)	17.		
anna maned	I HEREBY CERTIFY. That I attended deceased from		
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF			
(OR) WIFE OF	that I last saw h. 27 alive on 19 7 19 and		
- widerson	death occurred, on the date stated above, at		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25/90	THE CAUSE OF DEATHS WAS AS FOLLOWS:		
7. AGE YEARS MONTHS AYS II LESS than 1			
73 // 24 day,	A		
<u> </u>	JA Ji Ji		
8. OCCUPATION OF DECEASED			
(a) Trade, profession, or A House	de la company de		
particular kind of work	CONTRIBUTORY. 1		
(b) General nature of industry, business, or establishment in			
which employed (or employer)	(duration) yra		
(c) Name of emp loyer	18. Where was disease contracted If not at place of death?		
9. BIRTHPLACE (CITY OR TOWN)			
(STATE OR COUNTRY)			
10. NAME OF FATHER AFFINING COSTIC			
	WAS THERE AN AUTOPSYT		
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST. CHARACTER (Signed). C. S. RELLOW, M.		
(State or country)			
12 MAIDEN NAME OF MOTHER Even (130a	11 (Address) ElDou Uno		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Disease Causing Death, or in deaths from Violent Causes, stat		
(STATE OR COUNTRY)	(1) MEANS AND NATURE OF LEGUET, and (2) whether Accemental, Suicmal, o		
14.	HOMOGDAL. (See reverse side for additional space.)		
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15.	- / your cently 121 19.		
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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"); Typhoid fever (never report

pneumonia ("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-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." (Récommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

"Typhoid pneumonia"); Lobar pneumonia; Broncho-

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, erysipolas, 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.

1. PLACE CO-PATATION County Co			BUREAU OF VI		SOARD OF HEALTH FAL STATISTICS E OF DEATH ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.		
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