, al

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. WRITE PLAINLY, WITH UNFADING INK ... THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

County Class Reflectration District No. 2	4 51 405 05 05 05 05	are or bearing	943872
Township Adalated Primary Registration District No	1. PLACE OF DEATH	269	, 3
City Pull NAME And States McCleure Cradult (a) Besidence, No. (b) Besidence in city of town where death occurred yra. (b) Besidence in city of town where death occurred yra. (c) Besidence in city of town where death occurred yra. (c) Besidence in city of town where death occurred yra. (c) Besidence in city of town where death occurred yra. (c) Besidence in city of town where death occurred yra. (c) Besidence in city of town where death occurred yra. (c) Besidence in city of town where death occurred yra. (c) Besidence in city of town where death occurred yra. (d) Besidence in city of town where death occurred yra. (e) Besidence in city of town where death occurred yra. (e) Besidence in city of town where death occurred yra. (e) Besidence in city of town where death occurred yra. (e) Besidence in city of town where death occurred yra. (e) Besidence in city of town where death occurred yra. (e) Besidence in city of town where death occurred yra. (for the city of the city of town yra. (e) Besidence in city of town yra. (for the city of town yra. (for the city of town yra. (for the city of town where death occurred yra. (for the city of town) (for the city of the city			File No
2. FULL NAME ALLOWED MC Claud Crabble (a) Besidence, No. (United place of Boode) Longith of residence is city of the where death occurred pra. mos. PERSONAL AND STATISTICAL PARTICULARS 3. SEX	Township Alaca Primary Registratio	n District No. O. A.	Registered No
(a) Besidence, No. (Dead place of Shode) Leagth of vidence in City or town where death occurred (ii) contrastiont give city or town and Salts) And How long in U.S., if of foreign hich? (iii) contrastiont give city or town and Salts) (iii) contrastiont give city or town and Sa	City(No		StWard)
(a) Besidence, No. (Dead piece of Shoole) Length of readons in city or form where death occurred (b) How long in U.S., if of foreign birth? (if nonresident give city or town and Salts) Ab. How long in U.S., if of foreign birth? (if nonresident give city or town and Salts) Ab. How long in U.S., if of foreign birth? (if nonresident give city or town and Salts) (if nonresident give	2 FULL MARIES MCChina	(2 a k:00	
(Usual place of shode) Leagth of residence in city or town where death occurred yra mes. Defending it is a state of the property of the prop			•••••••••••••••••••••••••••••••••••••••
Deption of residence in city or town where death occurred yra mos. ds. How long in U.S., if of foreign birth? yra mos. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIELD, WILDOWED ON DIVORCED 10. DATE OF DEATH (MONTH, DAY AND YEAR) 11. DATE OF DEATH (MONTH, DAY AND YEAR) 12. MARRIELD, WILDOWED, OR DIVORCED 13. DATE OF DEATH (MONTH, DAY AND YEAR) 14. COLOR OF BIRTH (MONTH, DAY AND YEAR) 15. DATE OF DEATH (MONTH, DAY AND YEAR) 16. DATE OF DEATH (MONTH, DAY AND YEAR) 17. AGE 18. OCCUPATION OF DECEASED (a) Trade, protection, or perfecular limit of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 10. NAME OF FATHER (CITY OR TOWN) 11. BIRTHPLACE (CITY OR TOWN) 12. MAIDEN NAME OF FATHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. SIRTHPLACE OF MOTHER (CITY OR TOWN) 15. STATE OR COUNTRY) 16. MARIE AN AUTOPYTI. WAS THERE A	(a) Residence. No		president give city or town and State)
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVIGRED (artif the word) 7. AIR MARRIED, WIDOWED, OR DIVORCED (NO) WIFF or	Length of residence in city or town where death occurred yra. most		
SA. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF (OR) WIFE OR (OR) W	PERSONAL AND STATISTICAL PARTICULARS	WEDICAL CERT	IFICATE OF DEATH
SA. IF MARRIED. WIDOWED. OR DIVORCED (OR) WIFE OF JOINE OF Abil 6. DATE OF BIRTH (WORTH, DAY AND YEAR) 7. AGE YEARS MORTHS DAYS If LESS than 1 day, hrs. or min. 8. OCCUPATION OF DECEASED (a) Trade, protession, 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) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INTORMANT (Address) 15. FREEDUCK 13-14. A DAY AND YEAR) DAYS I HERE BY CERTIFY That I attended degeased trum [10]. (b) CERT 15 V. That I attended degeased trum [10]. (b) AT The CRUSE OF DEATH* WAS AS FOLLOWS: THE CAUSE OF DEATH* AS AS FOLLOWS: THE CAUSE OF DEATH* WAS AS FOLLOWS: THE CAUSE OF DEATH* AS AS FOLLOWS: THE CAUSE OF DEATH* AS AS FOLLOWS: THE CAUSE OF DEATH* AS AS FOLLOWS: THE CAUSE OF DEATH* WAS AS FOLLOWS: THE CAUSE OF DEATH* AS AS FOLLOWS: THE CAUSE OF DEATH* A	DIVORCED (write the word)		ND YEAR) 101 / 2 - 19 26
S. DATE OF BIRTH (MONTH, DAY AND YEARS) 7. AGE YEARS MONTHS MILESS than 1 day, hrs. er min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employed (or employed) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER COTY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (STATE OR COUNTRY) 15. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 16. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 17. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 18. WHERE WAS DISEASE CONTRACTED WHAT TEST CONFIRMED DIAGNOSIST WHAT TEST CONFIRMED DIAGNOSIST WHAT TEST CONFIRMED DIAGNOSIST (STATE OR COUNTRY) 19. (Address) WHAT TEST CONFIRMED DIAGNOSIST (MAIN AND NATERS OF PATHER, or in destulptions VIOLENT CAUSEA, state (NATE) (STATE OR COUNTRY) 19. PLACE OF BURIAL CREMATION, OR BEMOVAL (MAIN AND NATERS OF PATHER, or in destulptions VIOLENT CAUSEA, state (NATE) (STATE OR COUNTRY) 19. PLACE OF BURIAL CREMATION, OR BEMOVAL (Address) JAPANER ADDRESS ADD	_/// ///arried	[]	That I attended demand from 170 1/2
that I last saw b.M. F. (alive on. 1.2.6.)	5a. If Married, Widowed, or Divorced HUSBAND of		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE 8. OCCUPATION OF DECEASED (a) Trade, profession, or perticular kind of work (b) General mature of industry, business, or establishment in which employed (or emplayer) (c) Name of employer 9. BIRTHPLACE (city or town) (STATE OR COUNTRY) 10. NAME OF FATHER 10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (city or town) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER (STATE OR COUNTRY) 14. INTORMANT (Address) 15. FILEDIZ CAY, 13-46 (Address) 16. DAYS 17. AGE 18. Where was al Follows: The CAUSE OF DEATH** (CONTRIBUTORY (SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (SECONDARY) (DID AN OPERATION PRECEDE DEATH. (DID AN OPERATION PRECEDE DEATH. (Sideed) (S	(OR) WIFE OF terme (rabill		
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) (State or country) 10. NAME OF FATHER (city or town) (State or country) 11. BIRTHPLACE OF FATHER (city or town) (State or country) 12. MAIDEN NAME OF MOTHER (city or town) (State or country) 13. BIRTHPLACE OF MOTHER (city or town) (State or country) 14. INFORMANT (State or country) 15. FILEDIZE (M. 13.16. 16. OCCUPATION OF DECEASED (Address) 17. AGE (Address) (Addr			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, pusiness, or establishment in which employed cre employer (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER ACOO TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (STATE OR COUNTRY) 15. INFORMANT (Address) 16. Where was DISEASE CONTRACTED (Signed) WHAT TEST CONFIRMED DIAGNOSIST (Signed) (Sign		THE CAUSE OF DEATH+ WAS	AS FOLLOWS:
8. OCCUPATION OF DECEASED (a) Trade, protession, or particular kind of work. (b) General nature of industry, pustioness, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER CONTROLL 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) 15. FREEDICAN, 19.46. 16. OFFICE AND PARTICLE OF BURIAL (Address) (Address	, , , , , , , , , , , , , , , , , , , ,	it Search 1	Stack
(a) Trade, profession, or perficular 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) (STATE OR COUNTRY) 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) (Signed) (Si			1 63
(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) (STATE OR COUNTRY) 10. NAME OF FATHER (city or town) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (city or town) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (city or town) (STATE OR COUNTRY) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (city or town) (STATE OR COUNTRY) (STATE OR COUNTRY) (Signed) (S		-	
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) (STATE OR COUNTRY) 10. NAME OF FATHER COV SCAALI 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT (Address) 15. FILEDOLLUM, 19-46 (Discussion) (CONTRIBUTORY, (SECONDARY) (SECONDARY) (SECONDARY) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (I) MEANS AND NATURE OF INTURE, and (2) whether Adorderyal, Stictobal, or Hosticidal. (See reverse side for additional space.) 14. INFORMANT (Address) (Address) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Sig		G. G	
(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER OR COLD TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT (STATE OR COUNTRY) 15. FILEROLL CHY, 19-16 (Address) CONTRIBUTORY (SECONDARY) (SECONDARY) (SECONDARY) (Address) (Adversion) (Adversion) (STATE OR COUNTRY) (STATE OR COUNTRY) (Signed) (Si		May	(duration) jrs. mod. ds.
business, or establishment in which employed (or employer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER CONTROLLED 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT COUNTRY) 15. INFORMANT COUNTRY 16. SECONDARY (SECONDARY) 18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH. (DID AN OPERATION PRECEDE DEATH!. DATE OF WAS THERE AN AUTOPSY! WHAT TEST CONFIRMED DIAGNOSIST. (Signed) (S	,	CONTRIBUTORY	Rivermonis
18. WHERE WAS DISEASE CONTRACTED 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER OR COO & CALIL WAS THERE AN AUTOPSY? (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) WHAT TEST CONFIRMED DIAGNOSIST. (Sidned) WAS THERE AN AUTOPSY? (Sidned)			
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER CO TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY) 14. INFORMANT (STATE OR COUNTRY) 15. INFORMANT (Address) 16. WHERE WAS DISEASE CONTRACTED (I) MAR OF BURIAL (ADDRESS) (STATE OR COUNTRY) (SIGNED) (STATE OR COUNTRY) (SIGNED) (STATE OR COUNTRY) (SIGNED) (STATE OR COUNTRY) (MART SAN NATURE OF INTER, and (2) whother Accordental, Suicidal, or Homicidal. (See reverse side for additional space.) 14. INFORMANT (Address) (Address) (Address) (ADDRESS ADDRESS ADDRESS		- Jan	.(duration)yrsmoqds.
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER COT TOWN) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) 15. FILEDIZCAY 19-16. 16. ADDRESS 17. DID AN OPERATION PRECEDE DEATH! DATE OF DIATH (Signed) (Si	(c) Name of employer	18. WHERE WAS DISEASE CONTRACTED	
DID AN OPERATION PRECEDE DEATH. DATE OF	9. BIRTHPLACE (CITY OR TOWN)	-	
11. BIRTHPLACE OF FATHER (CITY OR TOWN). 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF MOTHER 14. INFORMANT	(STATE OR COUNTRY)		
WAS THERE AN AUTOPSY! WHAT TEST CONFIRMED DIAGNOSIST. (Sidned). (Address) PState the Disease Cateing Death, or in deathstrom Violent Causes, state (State on country) (I) Minard and Nature of Injury, and (2) whether Accordental, Suicidal, or Howelcomant. (See reverse eigle for additional space.) 14. INFORMANT. (Address) (Address) (Address) (Address) (ADDRESS FILEDOTTOLOGY, 19-16 ADDRESS ADDRESS	10. NAME OF FATHER OR CONT. TO CONT.	DID AN OPERATION PRECEDE DEATHS.	DATE OF
(State OR COUNTRY) 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT (Address) 15. FILEDOLL C.Y, 19-16 (Signed) (Signed) (Signed) (Address) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Signed) (Address)	The state of the s	WAS THERE AN AUTOPSY?	
12. MAIDEN NAME OF MOTHER (CITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INFORMANT (Address) (Address) (Address) (Address) (State the Disease Causino Death, or in deaths from Violent Causea, state (1) Mians and Nature of Injury, and (2) whether Additional space.) 15. FILEDICAL 19-16 (Address) (Addre	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	. WHAT TEST CONFIRMED DIAGNOSIST	aunal.
12. MAIDEN NAME OF MOTHER (DITY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 14. INFORMANT	(STATE OR COUNTRY)	(Sidner) Kelmura	F Kedenk
(STATE OR COUNTRY) (I) MEANS AND NATURE OF INJURY, and (2) whether Adeldental, Suicidal, or Hosterball. (See reverse side for additional space.) 14. (Address)			Calledy Ing.
(STATE OR COUNTRY) (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Horizonal. (See reverse side for additional space.) 14. (Address)	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)		
14. INFORMANT CALLE OF BURIAL CREMATION, OR DEMOVAL DATE OF BURIAL (Address) Cattonshing Mo Hopewell Country Mov/4 19. 15. FILEDOZICA, 19-16 ADDRESS PREDOZICA, 19-16 ADDRESS	(STATE OR COUNTEY)		
(Address) (Cattonshing Mo Hopewell Cometry Nov 14 19. 15. FILETOTE CITY 19.16 ADDRESS DEPTATION OF ADDRESS DEPTATION OF THE PROPERTY OF ADDRESS DEPTATION OF THE PROPERTY O	14.		
15. FREDOTZ C. XI, 19.16 ADDRESS 20. VELDERTAKER ADDRESS			7
FILEDOTE CAY 19.16 ADDRESS	(Address) // Callonstrucy Mo	Hopewell Con	erry Nov 14 :2
		20. VIDBERTAKER	ADDRESS
		100 Crom	er (Elloushing
The state of the s	<u> </u>		776

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

"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.; Bronckopneumonia (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 peritonitie." etc. State cause for which surgical operation was undertaken. For violent deaths state means or INJURY and qualify as ACCIDENTAL, BUICIDAL, 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.)

Norz.—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.