MISSOURI	STATE	BOARD	OF	HEALTH			
BUREAU OF VITAL STATISTICS							

MISS	OURISIALE	BOARD OF HEALT	п	0409
BUREAU OF VITAL STATISTICS GERTIFICATE OF DEATH				8792
· · · · · · · · · · · · · · · · · · ·	CERTIFICA	IE OF DERIN		
1. PLACE OF DEATH		. 1199	Fr. 31	73
County MINUTES	Registration District	(-V A	. File Ne	
Township Month	Primary Registration	District No	Registered No	
City(N	·		SL	
2. FULL NAME Days	Bukhe	ocl		······································
(a) Residence. No	Si,	Ward	(If nonresident give city of	ne rown and State)
Length of residence in city or town where death occurred	yrs. 1308-	ds. How long in U.S.,		yrs, mos. ds.
		/		
PERSONAL AND STATISTICAL PAR	MEDICAL CERTIFICATE OF DEATH			
3. SEX , 4. COLOR OR RACE 5. SINGLE	E, MARRIED, WIDOWED OR CED (write the word)	16. DATE OF DEATH (MONTH.	, DAY AND YEAR) 3	116 2
a. 1 White	<u> </u>	17.		
Sa. IF MARRIED, WIDOWED, OR DIVORCED		TIFY, That I attended d		
HUSBAND OF (OR) WIFE OF	that I last saw h. La slive on.	19427 16		
(OR) WIFE OF		that I last saw h	4	19.5-7, and that
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 749 Q	ul 3/927			- 1
7. AGE YEARS MONTHS DAYS		THE CAUSE OF DEATH	WAS AS POLLOWS:	The Dhe
	day bre.	Jonas	und bu	UNING OFF
23	or		A	•••••
8. OCCUPATION OF DECEASED		159		
(a) Trade, profession, or	/ / /			
particular kind of work	> >		Carried Committee Committe	·s
(b) General nature of industry,	CONTRIBUTORY(SECONDARY)		f	
business, or establishment in which employed (or employer)		(duration)y	da	
(c) Name of employer				(Po apparentaria (1988)
	. 18. WHERE WAS DISEASE CONTRAC	TED		
9. BIRTHPLACE (CITY OR TOWN)		IF NOT AT PLACE OF DEATH	7,	***************************************
(STATE OR COUNTRY) MUSING	DID AN OPERATION PRECEDE DEATHS DATE OF			
10. NAME OF FATHER PORT OF R	Was there an autopsys			
			/	***************************************
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT YEST CONFIRMED BIAGN	03957		
(STATE OR COUNTRY) (STATE OR COUNTRY) (2. MAIDEN NAME OF MOTHER COUNTRY)	mii_	(Sidned)		MILLES M. D
12. MAIDEN NAME OF MOTHER Capte	, 19 (Aptress)	COSCH M	Torsag Mil	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the DIBRABE CAUSIN			
(STATE OR COUNTRY) M 1050	(1) MEANS AND NATURE OF IT HOSCODAL. (See reverse side for		LOCIDENTAL BUICIDAL OF	
14. P . O B .: O. P.	19. PLACE OF BURIAL, CREM		DATE OF BURIAL	
INFORMANT CECLL DUMAN	The render of Busine, CREM	A	DATE OF BURIAL	
(Address) (1) infield //	New Sale	memetery	March 27 1947	
15. 3.	Junala &	20. UNDERTAKER		ADDRESS
	REGISTRA		John 1	1
		" Carry	104 un	<u> </u>

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 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 "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF 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 headhomicide. 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: "Certificate, 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, gangrone, gastritis, erysipelas, meningitis, miscarriage, necrosis, poritonitis, phlebitis, pyemia, septicemia, tetantus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.