1. PLACE OF SEATH Cently Control of Charles Township (No. (No. (No. (D. (Long piece of the course)) (O) Residence (O) Re	1927			TAL STATISTICS		10000
Registration District No. A. Pic No. Township Description of the Control of the			CERTIFICAT	TE OF DEATH		13893
Registration District No. Begistered No. Township. Primary Registration District No. Begistered No. St. Ward. (a) Besidence No. Color of Abodo) Length of residence in city or town where death occurred yet mose. PERSONAL AND STATISTICAL PARTICULARS SEX (COLOR RR RACE S. SINGLE, MARRIED, WIDOWED ON DIVISIONED (one of the voice) of Divisioned Control of No. St. If Married, WIDOWED, on Divosces (one of the voice) of (os) Wife or Color of No. S. DATE OF BIRTH (MORTH, DAY AND TEAN) AND AD 18 41 Is test are borned as a fire on a f	1. PLACE OF, DEATH			110 1	1	
Towashis Must Towashis (No. City. Ci	1 Man	mou	Registration District	1100		
Cay.	no.	Stone	Primary Redistration	District No. 6082	Registered No	***************************************
2. FULL NAME (a) Reddence. No. ((Usea) place of abode) Length of readence in city or town and State) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE (A) SUPPLIE MASSIED, WOODED OR DIVORCED (B) FORMAND OF (COLOR OR RACE (COLOR OR RACE (B) SUPPLIE MASSIED, WOODED OR DIVORCED (LOCK) WIFE OR (COLOR OR RACE (B) SUPPLIE MASSIED, WOODED OR DIVORCED (LOCK) WIFE OR (COLOR OR RACE (COLOR OR R	ii	, A. S				
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Revised United States Standard Certificate of Death

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(Approved by U. 8. 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.; 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, OF 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.

I_{n}	BUREAU OF \	E BOARD OF HEALTH VITAL STATISTICS TATE OF DEATH	FOR MUST B	E WRITTEN ON MENTARY.
1. PLACE OF DEATH CONTRACTOR	Registration District	•	Pile No	
Township Course		District No	Registered No	Ward)
City		22		
2. FULL NAME	Si.,	,		
(Usual place of abode)			nonresident give city or to foreign birth?	town and State) . mes. ds.
* 			TIFICATE OF DEAT	ГН
ن ال	SINGLE, MARRIED, WIDOWED OR DIVORCED (corite the word)	16. DATE OF DEATH (MONTH, DAY	AND YEARS SO	1/5 190
	m.	17.	That attended dece	eased from
SA. IF MARRIED, WIDOWED, OR DIVORCED		1		, 19, and f
6. DATE OF BIRTH (MONTH, DAY AND PROPERTY)	19.11	that I last saw h alive of	, a f	•
	DAYS If LESS than I	THE CAUSE OF DEATH W	AS AS FOLLOWS:	
7. AGE YEARS MONTHS	DAYS If LESS than I day,hrs. ormin.			

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	•••••		(duration)yrs.	
(b) General nature of industry, business, or establishment in	Æ	CONTRIBUTORY	*******************************	
Which employed (or employer)	~		(deration)yrs.	·
(c) Name at employer	—— 《	18. WHERE WAS DISEASE CONTRACTED		
9. BIRTHPLACE (CITY OR TOWN)		Did an operation precede death		
<		DID AN OPERATION PRECEDE DEATH WAS THERE AN AUTOPSY!		
10. NAME OF FATHER 11. BIRTHPLACE OF FATHER (CITY OF T	OW (QUIMO	WHAT TEST CONFIRMED DIAGNOSIST		
	<u> </u>	(Signed)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, M
	Muorons	, 19 (Address)		V
13. BIRTHPLACE OF MOTHER (CITY OF A	nown.	*State the Disease Causing I (1) Means and Nature of Injus Homicual.	DEATH, or in deaths from 81, and (2) whether Ac	VIOLENT CAUSES, SIA XIDENTAL, SUICIDAL, (
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