44 30 Bi	BUREAU O	TE BOARD OF HEALTH F VITAL STATISTICS	
1. PLACE OF DEATH.	CERTI	FICATE OF DEATH	9541
County MAN	Registration D	istrict No.	File No.
Township Mall	Primary Regist	ration District No.	Registered No
City	(No		StWe
2. FULL NAME DELLE	- GA11	2 XXX	00
(a) Residence. No. (Usual place of abode)		St., Word.	nonresident give city or town and State)
Length of residence in city or town where deat	h occurred yrs.	mos. ds. How long in U.S., if of	
PERSONAL AND STATISTIC	CAL PARTICULARS	WEDICAL CER	RTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWEL DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY	AND YEAR 3 3 19
5a. If Married, Widowed, or Divorced HUSBAND of	1/2/4-1	5 / / / / / / / / / / / / / / / / / / /	Y, That I attended deceased from
(OR) WIFE OF		that I last saw hat the alive on	, at 195 Ann.
6. DATE OF BIRTH (MONTH, DAY AND YEAR)	2/18/151		
7. AGE YEARS MONTHS	DAYS   II LESS tha		AS AS FOLLOWS:
4 1	day,l		
		-	1 /1 >ces
8. OCCUPATION OF DECEASED  (a) Trade, profession, or		100 14	1.
particular kind of work	•••••••••••••••••••••••••••••••••••••	***************************************	(duration)
(b) General nature of industry, business, or establishment in		(SECONDARY)	·····
which employed (or employer)	***************************************		(duration)yrs
(c) Name of employer		18. WHERE WAS DISEASE CONTRACTED	<i>f</i> ,
9. BIRTHPLACE (CITY OR TOWN)	in to	IF NOT AT PLACE OF DEATHS.	
(STATE OR COUNTRY)		DID AN OPERATION PRECEDE DESTR	m. LE DATE OF
10. NAME OF FATHER	Elver XXX	WAS THERE AN AUTOPSYT	110
11. BIRTHPLACE OF FATHER (CITY O	RTOWN) Will C	WHAT TEST CONFIRMED DIAGNOSIS	Servettory
Z (STATE OR COUNTRY)	elle Ele	(Signed)	Thous
12. MAIDEN NAME OF MOTHER	LA RIKE	, 19 (Address)	Listantes
13. BIRTHPLACE OF MOTHER (CLY O	R TOWN)	*State the Dismann Causing D	ELTH, or in deaths from Violenz Causes, si
	1/2	(1) MEANS AND NATURE OF INJUS	r, and (2) whether Accidental, Suicidal,
(STATE OR COUNTRY)		HOWICTBALL (See Payarge side for additi	tions (space )
14. 8/11-8	Affact	HOMICUPAL. (See reverse side for addit	
	AMON	19. PLACE OF BURIAL, CREMATI	
14. INFORMANT	Affrato R	19. PLACE OF BURIAL, CREMATI	ON OR REMOVAL DATE OF BURIA

10.21 Of on

## 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 urs.). 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), 10ds. Nover 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 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 head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, tctanus), 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 .

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.