Do not use this space.

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

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 27999

Township ..... Primary Registration District No. ..... Registered No. 7826

City St Louis (No. 5958 Cote Brilliante St. Ward)

2. FULL NAME Jane McManamee

(a) Residence. No. 5958 Cote Brilliante St. Ward. 6 (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael J McMan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 - 1875

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 54 | 9 | 20 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER Patrick Kirt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Julia Brady
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Patrick J Kirt
(Address) 5958 Cote Brilliante

15. FILED AUG -6 1930 19 Max C Starkey REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Aug 4, 1930, that I last saw her alive on Aug 4, 1930, and that death occurred, on the date stated above, at 6 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstit Nephritis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? None examination
(Signed) F Wenhoff M. D
Aug 5, 1930 (Address) 3206 Lafayette

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary
DATE OF BURIAL: Aug 7 1930

20. UNDERTAKER: Chas F Stuart
ADDRESS: No 5575 Easton

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.

# ised United States Standard Certificate of Death

ved by U. S. Census and American Public Health Association.)

**tatement of Occupation.**—Precise statement of ation is very important, so that the relative fulness of various pursuits can be known. The on applies to each and every person, irrespec- age. For many occupations a single word or n the first line will be sufficient, e. g., *Farmer or r, Physician, Compositor, Architect, Locomo- ngineer, Civil Engineer, Stationary Fireman,* But in many cases, especially in industrial em- ents, it is necessary to know (*a*) the kind of and also (*b*) the nature of the business or in- , and therefore an additional line is provided latter statement; it should be used only when . As examples: (*a*) *Spinner,* (*b*) *Cotton mill, lesman,* (*b*) *Grocery,* (*a*) *Foreman,* (*b*) *Auto- factory.* The material worked on may form of the second statement. Never return rer," "Foreman," "Manager," "Dealer," etc., t more precise specification, as *Day laborer, laborer, Laborer—Coal mine,* etc. Women at who are engaged in the duties of the house- nly (not paid *Housekeepers* who receive a salary), may be entered as *Housewife, ork* or *At home,* and children, not gainfully red, as *At school* or *At home.* Care should en to report specifically the occupations of engaged in domestic service for wages, as , *Cook, Housemaid,* etc. If the occupation en changed or given up on account of the E CAUSING DEATH, state occupation at be- of illness. If retired from business, that ay be indicated thus: *Farmer* (*retired,* 6 For persons who have no occupation what- write *None.*

**atement of Cause of Death.**—Name, first, the E CAUSING DEATH (the primary affection with to time and causation), using always the cepted term for the same disease. Examples: *spinal fever* (the only definite synonym is emic cerebrospinal meningitis"); *Diphtheria* use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Broncho- pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of ———— (name ori- gin; "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 in- tercurrent) affection need not be stated unless im- portant. 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," "In- anition," "Marasmus," "Old age," "Shock," "Ure- mia," "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 de- termine definitely. Examples: *Accidental drown- ing; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—prob- ably 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 unde- sirable 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, hemor- rhage, 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.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.