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.

CERTIFICATE OF DEATH

8350

1. PLACE OF DEATH

County ..... Registration District No. 79 ..... File No. 2765

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

City St Louis (No. 5330 Wabada Ave St. ..... Ward)

2. FULL NAME Marie Sullivan

(a) Residence. No. ..... St., 6 Ward. (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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2-1904

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
26	6	26	

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Patrick Sullivan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Bridget Mannion
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT Bridget Sullivan
(Address) 5330 Wabada Ave

15. FILED ....., 19.. Max C Hardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 28 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-18-, 1931, to 2-28, 1931 that I last saw her alive on 2-28, 1931, and that death occurred, on the date stated above, at 8:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Intercalosis
..... (duration) ..... yrs. 6 mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ..... (1)

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [signature], M. D

3-2-, 1931 (Address) 2500 W Underwood

*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 Cemetery
DATE OF BURIAL: 3/3 1931

20. UNDERTAKER: Arthur J. Donnelly Undt Co
ADDRESS: 2039 Wash

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

Statement of Occupation.—Precise statement of ccupation is very important, so that the relative ealthfulness of various pursuits can be known. The uestion applies to each and every person, irrespec- ve of age. For many occupations a single word or rm on the first line will be sufficient, e. g., *Farmer* or *lanter, Physician, Compositor, Architect, Locomo- ve engineer, Civil engineer, Stationary fireman*, etc. ut in many cases, especially in industrial employ- ents, it is necessary to know (*a*) the kind of work nd also (*b*) the nature of the business or industry, nd therefore an additional line is provided for the tter statement; it should be used only when needed. s examples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Sales- an*, (*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile fac- ry.* The material worked on may form part of the econd statement. Never return "Laborer," "Fore- an," "Manager," "Dealer," etc., without more recise specification, as *Day laborer, Farm laborer, aborer—Coal mine*, etc. Women at home, who are ngaged in the duties of the household only (not paid *ousekeepers* who receive a definite salary), may be ntered as *Housewife, Housework* or *At home*, and ildren, not gainfully employed, as *At school* or *At me.* Care should be taken to report specifically e occupations of persons engaged in domestic rvice for wages, as *Servant, Cook, Housemaid*, etc. the occupation has been changed or given up on ccount of the DISEASE CAUSING DEATH, state occu- ation at beginning of illness. If retired from busi- ss, that fact may be indicated thus: *Farmer (re- red, 6 yrs.)* For persons who have no occupation hatever, write *None.*

Statement of cause of Death.—Name, first, e DISEASE CAUSING DEATH (the primary affection ith respect to time and causation), using always the me accepted term for the same disease. Examples: *erebrospinal fever* (the only definite synonym is Epidemic cerebrospinal meningitis"); *Diphtheria* void 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 origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *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. 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, 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.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.