	11	Do not use this space,
	MISSOURI STATE	BOARD OF HEALTH
	1	TAL STATISTICS
<b>0</b> .:	CERTIFICA	TE OF DEATH $20391$
state tant.	1. PLACE OF DEATH	463
d a	County Warth Registration District	No Pile No
should y impo	Township Registration	District No. 40 770 Registered No.
S should state very important.	con Bolo cashall by Live	St. Ward)
© 4 ₹	31/- 5	L- 0. 1
S Ans or	2. FULL NAME ///WWW. LI	tunien,
Si Si Si	(a) Residence. Not	Werd.
	(Usual place of abode)	(If nonresident give city or town and State) ds. How long in U.S., if of foreign birth? yrs. mos. ds.
E 54	Length of residence in city or town where death occurred yrs. mos-	to. May but it order a receipt party.
<b>L</b> 25	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
₩ 10°	3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED OR	>//
န် ပွဲန	DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR)
EX.	Make White married	17.
PERIN	SA. IF MARRIED, WIDOWED, OR DIVORCED	HEREBY CERTIFY, That I attended deceased from
A F State state	5a. If Married, Widowed, or Divorced HUSBAND of OR) WIFE OF Washington	the last and the state of the s
	Trigine viscorarisa	that I last saw he slive on
a d b	6. DATE OF BIRTH (MONTH, DAY AND YEAR) \$\frac{7}{2} = 7-1880	
<u>S</u> ∄ ⊠	7. AGE YEARS MONTHS DAYS II LESS than 1	THE CAUSE OF DEATH* WAS AS POLLOW!
E ag	day,hrs.	fffming fillerillasio
K AGE assiffe	ろか。   4   2 g   or	250
Z _ 5	8. OCCUPATION OF DECEASED	11 B _ Z/ 5-
ي الله	(a) Trade, profession, or particular kind of work — January	(duration) yrs. da.
Uppli prope	(b) General nature of industry,	CONTRIBUTORY TAMES A
AD	business, or establishment in	(SECONDARY)
T T T T T T T T T T T T T T T T T T T	which employed (or employer) Can Mille The Total	da direction yes mos da
UN Urefu	(c) Name of employer Raising	18. WHERE WAS DESIGNED ONTRACTED
π 2 π	9. BIRTHPLACE (CITY OR TOWN)	
H P H	(STATE OR COUNTRY)	
≥ gg €		Did AN PERATION PRECEDE DEATHY
shoul 8, 80	10. NAME OF FATHER Joseph Hammer	WAS THERE AN AUTOPSYT
	Don't Mus	X Ports + Clays ON luch us
AINI ation term	11. BIRTHPLACE OF FATHER (ONY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST
formar plain	(STATE OR COUNTRY)	(Signed) , M. D
9a	12. MAIDEN NAME OF MOTHER MALE	6-10, 19 D (Address) Sparkety Vso
E 55	Nove 1/20	*State the DESEASE CAUSING DEATH, or in deaths from Violent Causes, state
HI HI	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	(1) MEANS AND NATURE OF INJUST, and (2) whether Accidental, Suicidal, or
WRI'	(STATE OR COUNTRY)	HOMICIDAL. (See reverse side for additional space.)
ÞΑ	14. Mes Mustle Herrours	19. PLACE OF BURIAL, CREMATION, OR REMOVAL   DATE OF BURIAL
Evel OF	THE OWNER OF THE PARTY OF THE P	11.6 1 1
B.—] USE	(Address)	- Striff Gemely May 29 1931
a in	15. 6/10.31 Stone (Sudsone)	20. UNDERTAKER ADDRESS
δĦ	FILED. 190	1 7 Base Ville
		" My Jour mounty
i .		

## 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, irrespec- . tive 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.; 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 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, phlobitis, 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,