	MISSOURI		1 +
#	BURI	EAU OF VITAL STATISTICS CERTIFICATE OF DEATH	16
11 .	 	CERTIFICATE OF DEATH	*25882
∦ '	1. PLACE OF DEATH	660	
- 1	<u></u>	istration District No	Pile No.
	Township Mouth Comments Print	nary Registration District No	Registered No.
	City(No		St. Ward)
_	\(\(\)\(\)\(\)\(\)\(\)\(\)	ilan	
5	2. FULL NAME		······································
22	(a) Residence. No		onresident give city or town and State)
O	Length of residence in city or town where death occurred // yr		
~] <u> </u>	PERSONAL AND STATISTICAL PARTICULAR	s 1 2 MEDICAL CER	TIFICATE OF DEATH
5 -,		Western on	7-1-
<u>حال</u> ،	J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED DIVORCED (corite	the word) 16. DATE OF DEATH (MONTH, DAY	AND YEAR) / 6 19.3
	mule white mari	17.	
5	A. IF MARRIED, WIDOWED, OR DIVORCED	A L A	Y, That I attended deceased from
	HUSBAND OF Effice PRINT	that I last saw h alive on	, to
		death occurred, on the date stated above	
6	S. DATE OF BIRTH (MONTH, DAY AND YEAR) $1952-4$	Set - 2 The CAUSE OF DEATH+ W	
		LESS than 1	a hear les
		v,hra.	
1	/ / / / / <u> = = = = = = = = = </u>		······
	. OCCUPATION OF DECEASED	Journa alead	un com queld
"	(a) Trade, profession, or	80.1	A
ţ	particular kind of work	W, Hackers	The way
į.	(h) General nature of industry	CONTRIBUTORY	·
1	business, or establishment in which employed (or employer)	willy 16 1	agues. The
	(c) Name of employer		
		18. WHERD WAS DISEASE CONTRACTED	he Flow Follow
9	BIRTHPLACE (CITY OR TOWN)	DE NOT AT PLACE OF DEATHY	
	(STATE OR COUNTRY)	ADDICATE DID AN OPERATION PRECEDE DEATH	DATE OF A
	10. NAME OF FATHER A CALLE	·	1710
-	Works Miles	WAS THERE AN AUTOPSIG	
<u> </u>	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIBRED BLACKOSIST	
ENTS	(STATE OR COUNTRY)	1/ M (Sidned)	T N M
N A	:	Dully 18/3/, 19 (Address)	suthlon Mi
"	A DISTRICT ACT OF MOTHER (AND AD ADDA)		BATH, or in deaths from Violent Causes, star
	13. BIRTHPLACE OF MOTHER (CITY OR XOWN)	(1) MEANS AND NATURE OF INJUST	r, and (2) whether Accidental, Suicidal, o
_	(STATE OR COUNTRY)	HOMICIDAL (See reverse side for addit	tional space.)
14.	Mrs. Effice he	19. PLACE OF BURIAL, CREMATI	ON, OR REMOVAL DATE OF BURIAL
		Latter.	112 7-8
1	(Aggress) //Yana/Azaarin - Valle	mullon	/W _ / D 12
	A/MAMAGAS T		Annece
15.	A/MAMAGAS T	usels 20. UNDERTAKER	ADDRESS
15.	7-11 of Was AT W/2	20. UNDERTAKER REGISTRAR REGISTRAR	ADDRESS

WELL PLAINLY,

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 DISEABE 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 peritonitie," etc. State cause for which surgical operation was undertaken. For violent deaths state means or 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.

MISSOURI STATE BOARD OF HEALTH ALL INFORMATION CALLED is very important. should state BUREAU OF VITAL STATISTICS FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. CERTIFICATE OF DEATH 1. PLACE OF File No..... IANS Primary Registration District No. Registered No. Clty..... 2. FULL NAME (a) Residence, No...... should be stated EXACTLY. (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred mos. How long in U.S., if of foreign birth? YIU. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) ARE 22. Y. That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED, to....., 19..... HUSBAND OF (OR) WIFE OF I last saw h..... alive on 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) UNTIL classified. If LESS than 1 7. AGE MONTHS DAYS day,hrs. Date of onset ormin. CERTIFICATES 8. Trade, profession, or particular ŏ kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this contributory causes of importance: so that it may occupation..... year)..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) Should ATHER 13. NAME in plain terms, TALBIRTHPLACE (CITY OR TOWN).... LA KNOT What test confirmed diagnosis?..... Was there an autopsy?...... information 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME þ Where did injury occur? (Specify city or town, county, and State) LÉ. BIRTHPLACE (CITY OR TOWN) 21 (STATE OR COUNTRY) N. B.—Every item of CAUSE OF DEATH SHALL Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT. (ADDRESS) Manner of injury..... REGISTRARS 18. BURIAL, CREMATION. OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... 19. UNDERTAKER (ADDRESS) 20. FILED 7 - 10 1931 Wers AZ Monse (Address)

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