

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. New Baptist Hosp.)

File No. **6523**
Registered No. **1589**
St. Ward)

2. FULL NAME Edith Morrison

(a) Residence. No. 584 S. Ewing St. St. 5 Ward.

(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. (If nonresident give city or town and State)

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) Oct. 10 - 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 4 6 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Multigraph Operator
(b) General nature of industry, business, or establishment in which employed (or employer) Dry Goods 147
(c) Name of employer Seeger & Handwork Dancy

9. BIRTHPLACE (CITY OR TOWN) Paducah
(STATE OR COUNTRY) Kentucky 2

PARENTS

10. NAME OF FATHER W. M. Morrison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Olige B. Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT Mrs. E. H. Bulger
(Address) Daylor Hotel

15. FILED 17 IS 1932 St. Louis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1932 to Feb 16, 1932
That I last saw her alive on Feb 15, 1932, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Lungs (Primary)

976 (duration) yrs. 3 mos.

CONTRIBUTORY (SECONDARY) may have started from old scar in lungs

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DID AND DURATION PRECEDE DEATH? No DATE OF 7

WHAT TEST CONFIRMED DIAGNOSIS? Lab exam
(Signed) Joseph W. Davis, M.D.
Feb 17, 1932 (Address) Century Bldg

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla DATE OF BURIAL Feb 19 1932

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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United States Standard Certificate of Death

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

Of Occupation.—Precise statement of every important, so that the relative various pursuits can be known. The to each and every person, irrespec- many occupations a single word or ne will be sufficient, e. g., *Farmer or n, Composer, Architect, Locomo- Engineer, Stationary Fireman,* es, especially in industrial em- to know (a) the kind of the business or in- is provided when U,

ise,
gainfully
Care should
ly the occupations of
p service for wages, as
ete. If the occupation
i up on account of the
state occupation at be-
red from business, that
hus: *Farmer (retired, 6*
ave no occupation what-

Death.—Name, first, the he primary affection with ation), using always the same disease. Examples: nly definite synonym is meningitis"); *Diphtheria yphoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Broncho- pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of*—(name orig- in; "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 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 undesir- able 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.