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1933

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HEALTH

2683

1. PLACE OF DEATH  
 County Phillips Registration District No. 676  
 Township Arlington Primary Registration District No. 5899  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Ellen (Smith) Jones  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
27 | 5 | 20

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

9. BIRTHPLACE (CITY OR TOWN) Arlington (STATE OR COUNTRY) Mo

10. NAME OF FATHER Butt Smith

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

12. MAIDEN NAME OF MOTHER Smith Jones

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

14. INFORMANT (Address) J. S. Jones  
Arlington Mo

15. FILED Jan 31 1933 REGISTRAR J. S. Jones

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 19 - 1933

17. I HEREBY CERTIFY, That I attended deceased from Jan 19 1933 to Jan 19 1933 that I last saw her alive on Several months, 1933, and that death occurred, on the date stated above, at 8:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis  
7 3/4 (duration) 6 yrs. — mos. ✓ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (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? chest X-ray  
 (Signed) R. E. Jones M. D.  
1/20, 1933 (Address) Newburg Mo

\*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 Harrison Cemetery DATE OF BURIAL 1 - 21 1933

20. UNDERTAKER The Padger Acting ADDRESS Newburg Mo

## ates Standard of Death

(American Public Health  
on.)

n.—Precise statement of  
nt, so that the relative  
uits can be known. The  
l every person, irrespec-  
ptions a single word or  
ufficient, e. g., *Farmer* or  
*tor*, *Architect*, *Locomo-*  
*Stationary Fireman*, etc.  
ly in industrial employ-  
ow (a) the kind of work  
he business or industry,  
l line is provided for the  
be used only when needed.  
(b) *Cotton mill*; (a) *Sales-*  
*man*, (b) *Automobile fac-*  
on may form part of the  
return "Laborer," "Fore-  
aler," etc., without more  
*Day laborer*, *Farm laborer*,  
Women at home, who are  
he household only (not paid  
a definite salary), may be  
*housework* or *At home*, and  
mployed, as *At school* or *At*  
ken to report specifically  
ons engaged in domestic  
*nt*, *Cook*, *Housemaid*, etc.  
changed or given up on  
SING DEATH, state occu-  
s. If retired from busi-  
ated thus: *Farmer* (re-  
who have no occupation

Death.—Name, first,

(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*; *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 neoplasma); *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 symptom-  
atic), "Atrophy," "Collapse," "Coma," "Convul-  
sions," "Debility" ("Congenital," "Senile," etc.),  
"Dropsy," "Exhaustion," "Heart failure," "Hem-  
orrhage," "Inanition," "Marasmus," "Old age,"  
"Shock," "Uremia," "Weakness," etc., when a  
definite disease can be ascertained as the cause.  
Always qualify all diseases resulting from child-  
birth 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 rail-*  
*way 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 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.