MISSOURI STATE BOARD OF HEALTH PLACE OF DEATH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH County AGE should be stated EXACTLY, PHYSICIANS she classified. Exact statement of OCCUPATION is very in Township Registration District No... or Village Primary Registration District No Registered No If death occurred in a City hospital or institution. give its NAME instead FULL NAME of street and number] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE 8EX COLOR OR RACE DATE OF DEATH MARRIED WIDDWE OR DAY (Wit (Month) (Year) DATE OF BURTH I HEREBY CERTIFY, that I attended deceased from (Month) (Day) (Year that I last saw hacke alive on AGE If LESS than I day, ___hrs. and that death occurred, on the date stated above, at. or____min.? The CAUSE OF DEATH* was as follows: OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in ₹ which employed (or employed BIRTHPLACE (City or town," State or foreign country) Contributor NAME OF (SECONDARY FATHER BIRTHPLACE (Signed) N. B.—Every item of information shoul CAUSEOF DEATH in plain terms, PARENTS OF FATHER (City or town, State or foreign MAIDEN LA ME *State the Disease Causing Death, or, in deaths from Vicient Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. OF MOTHE LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR BIRTHPLACE RECENT RESIDENTS) . OF MOTHER (City or town, State or foreign sountry) At place of death. THE ABOVE IS TRUE TO THE BEST OF Where was disease contracted if not at place of death? Former or usual residence. OF BURIAL OR REMOVAL TATE OF BURIAL 191. REGISTRAR scome

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 yrs.). For persons who have no occupation whatever, write None.

Whoobing 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," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital." "Senile." etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation For VIOLENT DEATHS state MEANS OF was undertaken. INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMI-CIDAL, 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.)