		BOARD OF HEALTH		
1		ITAL STATISTICS		
1	·	1/ 00/49 l		
County Was Segistrating District No. 148 File No. 24				
	Township Jan Jan Jan Primary Registration	71 7		
	City	St. West)		
	la con a Mission	re 00		
2	2. FULL NAME / Water			
	(a) Residence. No	(If nonresident give city or town and State)		
L	Length of residence in city or town where death occurred yrs. mos.	da. How long in U.S., if of foreign birth? yes. mos. ds.		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3,	SEX 4. COLOR OR RACE 5. SINGAE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 19 2		
1.	enulo Mito Married	17.		
5 _A	A. IF MARRIED, WIDOWED, OR DIVORCED	I HEREBY CERTIFY, That I attended deceased from		
	HUSBAND OF Leury Leavel	that I last saw hele alive on Alle 1 1921, and the		
	0 1- 8-1574	death occurred, on the date stated above, at		
_	DATE OF BIRTH (MONTH, DAY AND TEAR) - 0 - 0 - 14	THE CAUSE OF DEATH* WAS AS FOLLOWS:		
/.	AGE YEARS MONTHS DAYS II LESS than 1 days			
	14 10 9 00 000	Anacture of Strull		
 8.	OCCUPATION OF DECEASED	Fellow D. Cul While in		
8.	(a) Trade, profession, or	Fellout of Cul While in		
8.	(a) Trade, profession, or at House	Fellow of Con While in		
8.	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Fellowt D. Cow While in mation 5 Street (a secondary) 2 10 F		
8.	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(SECONDARY) 210 F		
8.	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	(SECONDARY) 210 F		
	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(SECONDARY) 210 F (duration)		
	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer	(SECONDARY) 210 F (deration)		
	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer BIRTHPLACE (CITY OR YOWN)	(SECONDARY) 210 F (duration) yes.		
9.	(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER MG (Navaland)	(SECONDARY) 210 F (deration) TEA (deration) 18. Where was disease contracted IF NOT AT PLACE OF DEATHY. Date of.		
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9.	(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER MG (Navaland)	(SECONDARY) 210 (deration) 18. Where was disease contracted 19 not at place of deathy. Date of Was there an autopsys. What test confirmed diagnosist. (Signed) Lutural Manuel		
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9.	(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer BIRTHPLACE (CHY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER MG (STATE OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER (CHY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER CHY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CHY OR TOWN) (STATE OR COUNTRY) (STATE OR COUNTRY)	(SECONDARY) (SECONDARY) (Agration) (B. Where was disease contracted IF NOT AT PLACE OF DEATHY. DATE OF WAS THERE AN AUTOPSY! WHAT TEST CONFIRMED/DIAGNOSIS! (Sidned) State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Leurer, and (2) whether Accidental, Surcedal, or Homodal. (See reverse side for additional space.)		
PARENTS	(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 10. NAME OF FATHER MG (INDUSTRUE) 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) INFORMANT WALLE COUNTRY) INFORMANT WALLE COUNTRY	(SECONDARY) 2.10 (deration) (deration) (18. Where was disease contracted IF NOT AT PLACE OF DEATHY. Date of. Was there an autopsy: (Signed) (Signed) *State the Disease Causing Deate, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Acquirement, Successi, Su		
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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.

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, oto., 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.; Broncho-pneumonia (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 of 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.)

Norn.—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.

		REAU OF V	BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.
1		Registration District No		Pile No. 24 Indistered No. Ward
2	FULL NAME Rosa It is a saw (a) Residence. No. (Usual place of abode)	ell sı,		
L	ength of residence in city or town where death occurred	i. 11103.	ds. How long in U.S., if of foreign	
	PERSONAL AND STATISTICAL PARTICULAR	:s	MEDICAL CERTIF	ICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED. Divorces (write to the state of the state	WIDOWED OR he word)		YEAR) 19 2 That I attended deceased from
	HUSBAND OF (OR) WIFE OF			19 and the
 			death occurred, on the date stated above, at	
11	DATE OF BIRTH (MONTH, DAY AND YEAR)		THE CAUSE OF THE WAS AS	FONLOWS:
7.	da	LESS than 1 y,bra.	of car subtle	mmation
8.	OCCUPATION OF DECEASED		Katharako head	I on kavemen
	(a) Trade, profession, or			gration) yra
	particular kind of work		Carley Carley	v - anto.
	(b) General nature of industry, business, or establishment in which employed (or employer)		SECONDARY)	
			Tan Yall (Guration)	
	(c) Name of employer	-	18. WHERE THE DISEASE CONTRACTED	21 1
9.	BIRTHPLACE (CITY OR TOWN)		TO STORY OF DEATHS ON HISLWay 71.	
II	(STATE OR COUNTRY)	Y _	DIN AN OPERATION PRESENTE DEATHY	Wiste of Lors
	10. NAME OF FATHER		WAS THERE AN AUTOPSYT	cross Courts
ENTS	11. BIRTHPLACE OF FATHER (CITY OR TOWN)(STATE OR COUNTRY)		(Signed)	suth barder
ARE	12. MAIDEN NAME OF MOTHER		, 19 (Address)	
	13. BIRTHPLACE OF MOTHER (CITY OF DOWN)	·····	*State the Dishaeb Causing Drath, (1) Means and Nature of Injury, and Homograph.	or in deaths from Violent Causes, stated (2) whether Accidental, Suicidal, or
14.			19. PLACE OF BURIAL, CREMATION, C	OR REMOVAL DATE OF BURIAL
	(Address)		I STATE OF BOTTON OF STATE OF	
				19
15.	FILED. 72-91929 R. M. Mulle	REGISTRAB	20. UNDERTAKER	ADDRESS