MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39652

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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 milt, (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 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, peritonsum, etc., gin; "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" (merefy 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-komicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., sepsis, icianus), 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, pyemis, 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 BT PHYSICIAN.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

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	PERSONAL AND STATISTICAL PARTIC	PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
of O	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)		16. DATE OF DEATH (MONTH.	DAY AND YEAR)	19			
CO::	male all to 8:	~ 0	17.	4				
ခြေ	That I would an	mare mul amorte		HEREBY CERTIFY. That I attended deceased from				
101. E	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	U			19			
statem 7 ARE	(CR) WIFE OF		that I lest saw h alive 60) Y	, 19, and that			
ed. Exact stateme	C DATE OF DURY!		death occurred, on the date stately					
		7-1887	THE CAUSE OF DEATH	WAIL AS FOLLOWS:				
_ 글	7. AGE YEARS MONTHS DAY'S	If LESS than I		Suicide				
classified. TES UNTI	39 6 11	day,brs.		***************************************	******************************			
10		· -		*******************************	······································			
	8. OCCUPATION OF DECEASED							
는 정	(a) Trade, profession, or particular kind of work advertision of D	olicitar.		(duration)yrs.	mos. de.			
properly RTIFICA	(b) General nature of industry,	asamanan ca	CONTRIBUTORY					
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. ~	(SECONDARY)	******************************				
8 H	which employed (or employer) Stolke Describe	erast	7.	(dwatien),yrs.				
FOR R	(c) Name of employer		18. WHERE WAS DISEASE CONTRACT	· .				
!	9. BIRTHPLACE (CITY OR TOWN) Sturet	10. WHERE WAS DISEASE CONTRACT	ξÜ					
	/a	IF NOT AT PLACE OF DEATH?						
5 7			DID AN OPERATION PRECEDE DI	ATHT DATE OF	*************************			
^윤 년	10. NAME OF FATHER 7 Bein 13		WAS THERE AN AUTOPSY?					
NOT RECEIVE A	AL DUDTURE OF STREET	1						
를 를	11. BIRTHPLACE OF FATHER (CITY OR TOPO)		WHAT TEST CONFIRMED DIAGNO	SI\$7				
5	- William January		(Signed), M. D					
E ON	IZ MAIDEN NAME OF MOTHER	Stickel	, 19 (Address)					
.a .l	13. BIRTHPLACE OF MOTHER (CITY OR JOWN)		*State the DINEARS CAUSING DEATH, or in deaths from Violent Causin, state (1) Means and Nature of Indust, and (2) whether Accemental, Suicemal, or					
표 님								
EAT!	- Journe	HOMICIDAL. (See reverse side for a	dditional space.)					
<u> </u>	14. INFORMANT & Occurre	19. PLACE OF BURIAL, CREMA	ATION, OR REMOVAL	DATE OF BURIAL				
OF DEATH RARS SHALI	(Address) Breeze tore He		01 1	, ,				
AUSE OF D CGISTRARS	15.		Staunton Ct.	Cometery 1	Dec. 10 1926			
P G	FILED MIL CAST A DOTON LO STO	wress!	20. UNDERTAKER	'	ADDRESS			
التحادي	. 19 181/	-Decreth A I	1	1				

UNFADING INV---INIS IS A CERMANENI RECORD

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, 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 de.; Bronchopneumonia (secondary), 10 de. 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," "Innition," "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 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.)

Norm.—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, phiebitis, 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.