MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIF	FICATE OF DEATH
1. PLACE OF BEATH	29526
County Registration Di	istrict No. Pile No.
Township Masumay UTV Primary Registr	ration District No. 580031 Registered No.
Git (No.	,Si
Mistina No.	4
2. FOLL NAME	St. Ward.
(n) Residence. No(Usual place of abode)	(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs.	mos. ds. How lond in U.S., if of foreign hirth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE 5. STWEET, Mannier, Wildowed Dayonces (refite the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR)
Timale White wedowed	17.
Sa. If Manager, Wildowen, en Dissoners.	(I HEREBY CERTIFY, That Jostendal deceased that
(OR) WIFE OF	that Mast saw held elive on Old on 1970, and that
The second of the	desth occurred, on the date stated above, at
6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAN, - 1972-	875 THE CAUSE OF DEATH FOUS ASSOCIOUS:
7. AGE YEARS MONTHS DAYS II LESS then	
78 6 16 day,b	hi hi
	- 828 IIL
8. OCCUPATION OF DECEASED	27
(a) Trade, profession, or particular kind of work	de pluretion) yr. mos. de
(b) General nature of industry,	CONTRIBUTORY WILL AL MILLEONICE ALL
business, or establishment in which employed (or employer)	archae luis Hessaul
(c) Name of employer	
6/1	18. Where was disease chitracted
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	IF NOT AT PLACE OF DEATHY.
	DID AN OPERATION PRECEDE DEATH). DATE OF.
10. NAME OF FATHER & OLOMON LO	WAS THERE AN AUTOPSY?
11. BIRTHPLACE OF FATHER (CITY OR TANK)	WHAT TEST CONSTRUED DIAGNOPSIST.
(STATE OR COUNTRY)	(Simulardual to Stootslys)
(STATE OR COUNTRY) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER CHY OR WAR. 14. MAIDEN NAME OF MOTHER CHY OR WAR.	il ON 6, 1923 Address) Branch 17
13. BIRTHPLACE OF MOTHER (CITY OF TOWN)	*State the DISEASE CAURING DEATER, or in deaths from Violent Caures, state
(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
11. m. a. (Par Monda)	19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL
INFORMANT TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	D 13. FLACE OF BURIAL PREMATION, OF REMOTAL DATE OF BURIAL
(Address) Danow Voler Wester	5 Chon amely, Oct 191923
15. FILED GC/19 23. Charlosty Mis	20. UNDERTAKER ADDRESS
Recust	RAR C. T. Michael - Regime

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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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

"Tyrhoid 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 noeplasms); 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" (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 peritonitie," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STÂTE MEANS OF INJURY and qualify 88 ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 88 probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of headhomicide; 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." (Recommenda, tions 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, phebitis, pyemia, sopticemia, tetanus." But general adoption of the minimum list suggested will work wast improvement, and its scope can be extended at a later date.