## MISSOURI STATE BOARD OF HEALTH

		TAL STATISTICS 1111
	CERTIFICAT	FE OF DEATH
1.	PLACE OF DEATH	
	County Registration District !	3 6 2
	Township Primary Registration	- Mantalle Call
City (No. 7 1 d. 110 110 110 110 Word)		
2. FULL NAME Elizabeth ann Blisth		
(a) Residence. No. 14/2 No. Montgall Ward.		
(Us nonresident give city or town and State)  Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? ws. mos. ds.		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX _   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED OR		
	Divorced (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR)
	te While Married	i DIEREBY CERTIFY, That I attended decreased from
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF		1924, 10 22 1925
	(OR) WIFE OF Thomas Blyth	that I last saw h. det alive on sent the same and that
-	DATE OF BIRTH (MONTH, DAY AND YEAR) May 19 183	death occurred, on the date stated above, at
	AGE YEARS   MONTHS   DAY   If LESS than 1	THE CAUSE OF DEATH® WAS AS FOLLOWS:
•	day,brs.	Efficient in a
	93   8   3   =	Jan
8.	OCCUPATION OF DECEASED 7 /	1 26
	(a) Trade, profession, or	(derotus) year 6 mass de
	particular kind of work	
(b) General nature of industry, business, or establishment in		(SECONDARY)
which employed (or employer)		store right life (duration) 7 yra, moo da
(c) Name of employer		18. WHERE WAS DISEASE CONTRACTED
9. BIRTHPLACE (CITY OR TOWN)		IF NOT AT PLACE OF DEATHY
-	(STATE OR COUNTRY)	
_	10. NAME OF FATHER	DID AN OPERATION PRECEDE DEATH) LAN. DATE OF
	Harrie Sury	WAS THERE AN AUTOPSYT
'n	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST
	(STATE OR COUNTRY)	(Signed). A thomas missillation. M. D
PARENTS	12. MAIDEN NAME OF MOTHER Sarah Cranford	1-22 , 1925 (Address) of 250 montall
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Disnassi Causing Diarie, or in deaths from Vigunia Causin, state
	(STATE OR COUNTRY)	(1) Milang and Nature of Injury, and (2) whether Accidingal, Suicidal, or Homicidal. (See reverse side for additional space.)
14.	Wa Blutte	19. PLACE OF BURIAL, CREMATION, OR REMOVAL   DATE OF BURIAL
	(Address) 412-22 Surviva sall	1. · l. 122 5
15.	The months	wick 110. 1-12 1/20
	FREDWIN 125 111, 111, Wave	20. UNDERTAKER ADDRESS
	LHG REGISTRAR	Mrs. C. I. Jouler K.C. Mes

## 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: Rronchopneumonia ("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 The contributory (secondary or innephritis, etc. tercurrent) 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 peritonitis." etc. State cause for which surgical operation was undertaken. For violent deaths state means or INJURY and qualify as ACCIDENTAL, SUICIDAL, or 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.)

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, crysipelas, 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.