

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICAL	E OF BEATH
1. PLACE OF DEATH	743 18168
County lay Co Mo Begistration District	NoPile No
Township	7
City(No	St. Werd)
2. FULL NAME / Mach of Matain	Good
(a) Residence. No	Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred yes, mos.	ds. How long 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. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/24 19 28
Mala la 7 White Widower	17.
SA. IF MARRIED, WIDOWED, OR DIVORCED	HEREBY CERTIFY, That I attended deceased from
HUSBAND OF (OR) WIFE OF	that I last saw here alive on The 27 19 7 and that
United	death occurred, on the date stated above, at A. Octoria Ca
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1072 3/1858	THE CAUSE OF DEATH+ WAS AS FOLLOWS:
7. AGE YEARS MONTHS DAYS II LESS than 1 day,brs.	Stoco Motor atoxia
69 7 or min.	Λ
8. OCCUPATION OF DECEASED	170)
(a) Trada malaceian as	(dynathan) 5 mg da
particular kind of work	
(b) General nature of industry, business, or establishment in	CONTRIBUTORY Change Julie Colons
which employed (or employer)	(duration) 712 C mos. da
(c) Name of employer	18. Where was disease contracted
9. BIRTHPLACE (CITY OR TOWN) A and to Mo	IF NOT AT PLACE OF DEATH!
(STATE OR COUNTRY)	DID AN OPERATION PRECEDE DEATHY. 210 DATE OF
10. NAME OF FATHER	
	WAS THERE AN AUTOPSYT.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST
	(Signed) M. D
2 12 MAIDEN NAME OF MOTHER Chia about A Caston	dos/25, 19 Haddress) Ornich mo
13. BIRTHPLACE OF MOTHER (CITY OF TOWN)	State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Indust, and (2) whether Accidental, Suicidal, or
(STATE OR COUNTRY) Bulschy	HOMICTOAL. (See reverse side for additional space.)
INTORNANT Will Good Iv.	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
(Address) Rmich Mile	South Paris Court 2/25 10 201
5. 2.30 W & F 5.00.	20. UNDERTAKER AUDRESS
Fine May 19 Recistrar	121 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	What when I would no

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Helath 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 neoplasma); 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 peritonitis." etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify AS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS 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." (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, miscarrlage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetantus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.