City (NO. 88: Ward) hospital or hostitude from the first in the first case, in the first in the	County	PLACE OF DEATH	MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH
Village.  Primary Registration District No. 9 / Megistered No. 11 (ast secured or other personal and stated and sembled the stated and st	Towns	hip Pack, Rogistration Distr	ict No. 242 File No. 11695
FULL NAME COLOR OR RADE  SEX COLOR OR RADE  WHONED  WHOWED  OB DIVORCED  OF MATHER  LONG HAND  SHARE  WARRING  WHO WAS A COLOR OR RADE  SHARE  WHO WAS A COLOR OR RADE  SHARE  WHO WAS A COLOR OR RADE  WHO WAS A COLOR OR REMOVAL  WHO WAS A COLOR OR RADE  WHO WAS A COLOR OR RADE  WHO WAS A COLOR OR REMOVAL  WHO WAS A COLOR OR RADE  WHO WAS A COLOR OR REMOVAL  WHO WAS A COLOR OR RADE  WHO WAS A COLOR OR RA	Village	Primary Registrat	ion District No. 5977 Registered No. 1242
PERSONAL AND STATISTICAL PARTICULARS  SEX COLOR OR RACE SAMPLE SAMPLE WITCHOOSE OR DIVIDED OR DIVID	1	, (NO,	give its NAME instead
SEX OOLOR OR RAOS SHOULD SURGE WINDOWED SURGE OR DIVISION OR DIVIS		FULL NAME Uniqued Baly	Hartman of street and number]
DATE OF BIRTH    Month   Month			MEDICAL CERTIFICATE OF DEATH
Month  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)	SEX V	GOLOR OR HAGE MARRIED WIDOWED Surgle OR DIVORCED	manal 9, 191/
AGE    If LEBS than   Iday, hrs   Iday, hr	DATE	mel 13,911	I HEREBY CERTIFY, that I attended deceased from, 191, to, 191,
The CAUSE OF DEATH* was as follows:  OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)  BIRTHPLAGE (City or town, State or foreign country)  MAME OF FATHER (City or town, State or foreign country)  MAIDEN NAME (City or town, State or foreign country)  BIRTHPLAGE OF MOTHER (City or town, State or foreign country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (ADDRESS)  Dawran Ame  (ADTRESS)  DAWRAN AME  (ADTRESS)  DAWRAN AME  (Duration)  Yrs.  MOS.  (Bigned)  (B	AGE		that I last saw halive on .191
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (City or town, State or foreign country)  RAME OF FATHER (City of town, State or foreign country)  MANIE OF FATHER (City of town, State or foreign country)  MAJOEN NAME 7  OF MOTHER THAT GOTHER CANADARY  (City of town, State or foreign country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (ADDRESS)  CADDRESS)  CADDRESS  CADD		# Z ) 1 = ·	and that down occurred, on the date stated above, at
(address) Description Francisco Country)  (b) General nature of Industry, business, or establishment in which employed (or employer)  (City or town, State or foreign country)  (City or town, State or foreign country)  (Contributory  (Secondary)  (Secondary)  (Contributory  (Secondary)  (Secondary)  (Contributory  (Secondary)  (Contributory  (Secondary)  (Contributory  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Secondary)  (Ouration)  (Secondary)  (Contributory  (Secondary)  (Selfal of Posticutory  (Secondary)  (Secondary)  (Secondary)  (Seco	OCCUP (a) Tra	PATION ide, profession, or viar kind of work	
City or town. State or foreign country)  NAME OF FATHER  BIRTHPLACE OF FATHER (City or town, State or foreign country)  MAIDEN NAME OF MOTHER  WHAT  City or town, State or foreign country)  BIRTHPLACE OF MOTHER  City or town, State or foreign country)  BIRTHPLACE OF MOTHER  City or town, State or foreign country)  BIRTHPLACE OF MOTHER (City or town, State or foreign country)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  City or town, State or foreign country)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  City or town, State or foreign country)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  City or town, State or foreign country)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  City or town, State or foreign country)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  City or town, State or foreign country)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  City or town, State or foreign country)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  City or town, State or foreign country)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  City or town, State or foreign country)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  City or town, State or foreign country)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  City or town, State or foreign country)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  City or town, State or foreign country)  THE ABOVE IB TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  City or town, State or foreign country)  Contributory  (Scondary)  (Block II)  (Block II)  (Address)  A. Recurly  (Informant)  Contributory  (Scondary)  (Block II)  (Block II)  (Address)  A. Recurly  (Address)  A. Recurly  (Address)  A. Recurly  (Informant)  Contributory  (Scondary)  (Block II)  (Block II)  (Block III)  (Block III)  (Block III)  (Address)  A. Recurly  (Informant)  (Informant)  Contrib	(b) Ger busine	neral nature of industry.	V-5/4/20
NAME OF FATHER  BIRTHPLAGE OF FATHER  (City or town, State or foreign country)  MAIDEN NAME OF MOTHER  OF MOTHER  (City or town, State or foreign country)  BIRTHPLAGE OF MOTHER  (City or town, State or foreign country)  RAME OF MOTHER  (City or town, State or foreign country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (ADDRESS)  Contributory  (Secondary)  (Bigned)	(City or	town, Ar a la Maria	(Duration) yrs. mos ds.
OF FATHER  (Gry or town, State or foreign country)  MAIDEN NAME OF MOTHER  BIRTHPLACE OF MOTHER  (City or town, State or foreign country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (ADDRESS)  OF FATHER  (Gry or town, State or foreign country)  (Address)  Accountry  (Address)  Much / 9 . 191 / (Address)  Mexicon Michigan  (Birthplace (Informant)			(BECONDARY)
SIRTHPLAGE OF MOTHER  BIRTHPLAGE OF MOTHER  (City or town, State or foreign country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (ADDRESS)  (ADDRESS)  (ADDRESS)  (I) Heans of Injury; and (2) whether Accidental, Scicidal, or Homicidal.  LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS)  At place of death yrs. mos. ds. State yrs. mos. where was disease contracted if not at place of death?  Former or usual residence.  PLAGE OF BURIAL OR REMOVAL  MINOR CIVILITY  1981  (ADDRESS)  ATTENDATION  (ADDRESS)  DATE OF BURIAL  MINOR CIVILITY  1981  (ADDRESS)  10 Means of Injury; and (2) whether Accidental, Scicidal, or Homicidal.  LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, and (2) whether Accidental, Scicidal, or Homicidal.  LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, and (2) whether Accidental, Scicidal, or Homicidal.  LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, and (2) which is a science of death yrs. mos. ds. State yrs.	<u>  00   (</u>	OF FATHER IV	
BIRTHPLAGE OF MOTHER (City or town, State or foreign country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (ADDRESS)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Former or usual residence  PLACE OF BURIAL OR REMOVAL  Method 19  DATE OF BURIAL	PARE		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homickial.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (ADDRESS)  (ADDRE	1 1 0	OF MOTHER () A . () A . ()	At place In the
(ADDRESS) Dawson Bril.  (ADDRESS) Dawson Bril.  PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Meli 19. 198	THE A	BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted
(ADDRESS) Draw Scor Union Centery meli 19 19th	(Inforr	nant) to Startman	Former or usual residence
		(ADDRESS) Dawson Mid	7
Filed how to 1911, Will remeny January	Filed _	Mich 20 1911 a. R. Renely	ADDRESS ADDRESS
MEGISTHAR THE JUNE TO THE ZUNE A			

crassined. Exact statement of OCCUPATION is very important.

## 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, peritonaeum, etc., Carcinoma, Sar-

coma, etc., of ................ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); 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), 20 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock." "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of 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.)

