MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1 PLAGE OF DEATH	BUREAU OF VITAL STATISTICS
County May	CERTIFICATE OF DEATH
Township Orisk Registration Distri	ct No. 7/43 File No. 41591
Village Primary Registration District No. 5.7.8 Registered No.	
City: (NO St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 10 10 10 10 10 10 10 1
6 DATE OF BIRTH 17 I HEREBY CERTIFY, that I attended deceased from	
nov 6 1829	Quin 1918 to 70 1918
(Month) (Day) (Year)	that I last saw h. Lt. alive on Thou 11 - 1918
7 AGE If LESS than	1
89 yrs b mos la ds 1 day, hrs. or min?	and that death occurred, on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	apoplemy (
(b) General neture of industry business or establishment in which employed (or employer)	
9 BIRTHPLACE (City or town, State or foreign country)	(Duration) yrs. mos. ds.
10 NAME OF adrial King.	CONTRIBUTORY OLIMENAL OFFICE OF COLUMN COLUM
11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	(Bigned) Besse States M. D. MN 17 1918 (Address) Bruck M. D.
OF FATHER (City or town, State or foreign country) 12 MAIDEN NAME OF MOTHER A MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (Commonwell)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
(City or town, State or foreign country)	At place In the of deathyrs,mosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?
(Informant) (Informant) (Informant)	Former or usual residence.
(Address) OVYCUV MO	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 J. C. J. C. J. J.	Brashere bewelry dov/ 3 1918
Filed MOV 12 1918 To Colles Registrar	20 UNDERTABLER ADDRESS

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 (ayoid use of "Croup"); Tuphoid fever (never report

"Typhoid pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, 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). 29 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 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.)