1 PLACE OF DEATH				MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH AT A L			
Cou	iatyC.Q.	le				- 229	
Tow	mahipM	arion	Rec	gistration Distri	ict No. 2/ File No.	*************************************	
or	·				5091	9	
Vill	_		Pri	imary Registrat	ion District No. 529 Registered	l No.	
	<b>y</b>	NAMEJ			St.;Wa	rd) [If death occurred in hospital or institution give its NAME instead of street and number.	
	PERS	DNAL AND STATIS	TICAL PARTICU	LARS	3 MEDICAL CERTIFICAT	E OF DEATH	
3 BE		4 COLOR OR RACE	5 BINGLE MARRIED	<del></del>	16 DATE OF DEATH	<del></del>	
		Unito	MINONIES	Married	Januar		
	ale	White	Write the word	<u> </u>	(Month)	(Day) (Year	
6 DAT	TE OF BIRT	н Barthder	unknown,	bus_ther	(IV	at I attended deceased fro	
say he was Atty 12 (Car)					November 414, 19122, January 18 19123		
		(Mybih)	(Da	If LESS than	that I last saw himalive on Jan	nary 17 1912	
7 AGE				1 day,hrs	hrs. and that death occurred, on the date stated above, al 2::158.m.		
		17 <b>1</b> 1 <i>12-7</i> 1			11	•	
		yrayra	mos. 24Qds.	ormin.?	The CAUSE OF DEATH* was as fol	lows:	
8,000	CUPATION	yra. T	mos. 24()ds.	ormin.r	The CAUSE OF DEATH* was as fol		
(a)	Trade, pro	ofession, or	Parmer	ormin.r	Euremic poisoning f		
(a) par (b)	Trade, pro ticular kir Ganeral'n	id of work ature of industry		ermin.r	Euremic poisoning f		
(a) par (b) bus	Trade, pro ticular kir General'n iness, or e	d of work	Farmer	ormin.r	Euremic poisoning f nephritis.		
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THIS PLAINLY, WITH UNFABING INK-THIS IS A PHEMANENT RECORD

## 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, Sarcoma, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart discase; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 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," "Haem-orrhage," "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, 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.)