## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

BUREAU OF VITAL STATISTICS  CERTIFICATE OF DEATH					
	40400				
1. PLACE OF DEATH	701 18199				
County Refistration District Township Crimery Refistration	6 (0 5 )				
City Laure (No. Learth	District No. Begistered No.				
	- Ward)				
	yans				
(a) Residence. No. 5370 Ugaffic level. St., (Usual place of abode)	(If nonresident give city or town and State)				
Length of residence in city or town where death occurred yrs. mas.	ds. How long in U.S., if of foreign birth? yrs. mes. ds.				
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED OR	II DATE OF DELETION				
Male White Linale	16. DATE OF DEATH (MONTH, DAY AND YEAR) Lay 6. 17.				
	I HEREBY CERTIFY, That I attended deceased from				
SA. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	19/9, 60 19/9				
(OR) WIFE OF . Inngle	that I last saw h				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Left 13					
7. AGE YEARS   MONTHS   DAYS   II LESS than 1	THE CAUSE OF DEATH* WAS AS FOLLOWS:				
7 25 day,brs.	1108 600				
/ / / / / / / / / / / / / / / / / / / /	11011 inggerma				
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work	(duration) yrs. 2 mos. ds.				
(b) General nature of industry, (A) CONTRIBUTORY					
business, or establishment in A States which employed (or employer)	(SECONDARY)				
(c) Name of employer					
	18. WHERE WAS DISEASE CONTRACTED				
9. BIRTHPLACE (CITY OR TOWN)	IF NOT AT PLACE OF DEATH?				
(STATE OR COUNTRY) M Jam Mus	2 DID AN OPERATION PRECEDE DEATHS. JE DATE OF May 6 19				
10. NAME OF FATHER Marin Lagarus.	WAS THERE AN AUTOPSY1				
M. 11. BIRTHPLACE OF FATHER (CARY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIS				
(STATE OR COUNTRY)	(Signed) 2 Repare M.D				
(STATE OF COUNTRY) Cussia  12. MAIDEN NAME OF MOTHER PLASE JACOBY	Mag 7, 19/9 (Address) 466 & Pershine,				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).	*State the Dismann Causing Diaris, or in deaths from Violent Causin state				
(STATE OR COUNTRY) Jugland	(1) MEANS AND NATURE OF INJUST, and (2) whether Accidental, Suicidal, or Homicidal, (See reverse side for additional space.)				
14. HORMANT Harry Daealy	19. PLACE OF BURIAL, CREMATION, OR REMOVAL   DATE OF BURIAL				
(Address) 50 3 25 aliero a and	Mtt Colins Countary May 8 1919				
15. may la Starkloff	JUNDERTAKER ANDRESS				
FIGUREAR	paaes. Mud la 435 vilugie				
	yours. four 100 a and de				

## 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: Gerebrospinal 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 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," "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, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidentale 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.)

Norn.—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, erysipelas, meningitis, miscarriage, necrosis; peritonitis, phlebitis, 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.

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1. PLACE OF DEATH		791		_
County	Registration District 1		File No	1.13/
Township	Primary Registration	District N	legistered No.	Colo fine
(No	Khalon	960	St	
2. FULL NAME ALSKLY	i Viviji ju	The Dogwe	<i>'.O.</i>	***************************************
(a) Residence. No	St.,	Ward. (If nonres	ident give city or town	n and State)
Length of residence in city or town where death occurred	yrs. mos.	ds. How long in U.S., if of foreig		mos. ds.
PERSONAL AND STATISTICAL PARTICU	<del></del>	MEDICAL CERTIFI	CATE OF DEATH	
4. COLOR OR RACE 5. SINGLE, MAR DIVORCED 12	RIED, WIDOWED OR prite the word)	16. DATE OF DEATH MONTH, DAY AND	·	<u> </u>
5a. IF Married, Widowed, or Divorced HUSBAND of		HEREBY CERTIFY,	That I attended deceased	19
(OR) WIFE_OF		that I tast now h alive on.		•
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		death occurred, an the date stated above, at		m.
7. AGE YEARS MONTHS DAYS	If LESS than 1	THE CAUSE OF DEATH* WAS AS	FOLLOWS:	
	day,hrs	Montanue	COUR	
8. OCCUPATION OF DECEASED				***************************************
(a) Trade, profession, or		4 / / / L · · · · · (de	watish vis	mos. de
particular kind of work  (b) General nature of industry,		operation for	quefuly	ema
business, or establishment in	. A	(SECONDARY)	mon one	phone
which employed (or employer)	<b>&gt;</b>	al 2 4- hisporia	ration)yrs	mos ds.
	÷ <del></del>	16. WHÈRE WAS DISEASE CONDIACTED	18.5	•
9. BIRTHPLACE (CITY OR TOWN)(STATE OR COUNTRY)	IF NOT AT PLACE OF DEATH)			
10. NAME OF FATHER		DID AN OPERATION PRECEDE DEATH?	DATE OF	
III. NAME OF PATHER		WAS THERE AN AUTOPSY?		
11. BIRTHPLACE OF FATHER (CITY OR TOWN)		WHAT TEST CONFIRMED DIAGNOSIST	***************************************	
(STATE OR COUNTRY)		(Signed)		, M.D.
12. MAIDEN NAME OF MOTHER	· · · · · · · · · · · · · · · · · · ·	, 19 (Address)		·
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)		*State the DISBASE CAUSING DEATH,  (1) MEANS AND NATURE OF INJURY, and HOMICIDAL. (See reverse side for additional s	(2) whether Acciden	
14. INFORMANT		19. PLACE OF BURIAL, CREMATION, O	R REMOVAL DAT	TE OF BURIAL
(Address)				19
15. Filed	MOST	20. UNDERTAKER	ADI	DRESS
ALL INFORMATION CALLED	FOR MUST B	E WRITTEN ON THIS SUPPL	EMENTARY.	<del></del>

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Additional space for further statements

BY PHYSICIAN.