	m '	Do not use this space.
18		BOARD OF HEALTH 7295
60	,	ATE OF DEATH
a ti	1. PLACE OF DEATH	
	County Mouleau Registration Distric	1N. (5-7)
ž fi 🕖	26011500	110
y y b		a District No
S S	City	
is i	2. FULL NAME Laura Bell Gresh	ner
ON O	(a) Residence. No	Ward.
##	(Ostal place of abode)	(If nonresident give city or town and State)
4 6	Length of residence in city or town where death occurred yrs. mos	ds. How long in U.S., if of foreign birth? yrs. mos. ds.
stated EXACILY. PHYSICIANS should state statement of OCCUPATION is very important.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
22 W	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR	16. DATE OF DEATH (MONTH, DAY AND YEAR) FULL 5 1939
\$ <del>1</del> (')	Divorce (write the word)	17.
	I male I hele midauro	I_HEREBY CERTIFY, That I affended deceased from
i i i i i i i i i i i i i i i i i i i	5a. IF Married, Widowed, or Divorced HUSBAND of	Acas 1 1029,60 0265 1929
# # L	(OR) WIFE OF	that I last saw h. Lot. alive on Jack 4 1929, and that
Exact	/861	death occurred, on the date stated above, at
	6. DATE OF BIRTH (MONTH, DAY AND YEAR) LULE 22 - /85	THE CAUSE OF DEATH* WAS AS FOLLOWS:
should be	7. AGE YEARS MONTHS DAYS If LESS than I day,	Chronin Glamonelonethritis
9 /	69 7 14 wy,	
AGE sh classified,		1 002 1
	8. OCCUPATION OF DECEASED	
Supplied. properly	(a) Trade, profession, or particular kind of work	(duration) yra 4 mos. da
upphied. groperly	(b) General nature of industry,	CONTRIBUTOR
	business, or establishment in	(SECONDARY)
200	which employed (or employer)	(dopation) yrs. mas. ds.
	(c) Name of employer	18. WHERE WAS DISEASE CONTRACTED
	9. BIRTHPLACE (CITY OR TOWN)	
that it	(STATE OR COUNTRY)	IF NOT AT PLACE OF DEATHY
should s, so th	10. NAME OF FATHER 19 102 Mars 1	DID AN OPERATION PRECEDE DEATHY
g "	10. NAME OF FAIRER IS EARLY & SURE	WAS THERE AN AUTOPSY?
5 E A	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST
EATH in plain terms,	(STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)	ars - 1
ia ia		(Signed), M. D
	12. MAIDEN NAME OF MOTHER MANY Campy	98, 1929 (Address) California, les
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Disease Causing Death, or in deaths from Violent Causes, state
	(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or
	14. The Shanders	HOMICIDAL. (See reverse side for additional space.)
	INFORMANT	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
H M	(Address) Mashville Liter	ales Oper 2/7 1921
Sp	15. SEP 70 0 118 16	20. UNDERTAKER ADDRESS
N. B.—Every CAUSE OF D	FILES D 19 REGISTRAR	
	REDISTRAN	Welleaser Thurdney Paictornill
		The second secon
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

CAINCY, WITH UNFADING INK --- I HIS IS A PERMANENT RECORD

Do not use this space.

## 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; Broncho pneumonia ("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 symptomatio), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Sonile," 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 88 ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF 88 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: "Certificate, will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulcions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phieblitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a interdate.