Cornelly Maries Registeration District No. St. Phe No. Registered No. City. (No. 1997) Registeration District No. City. Registered No. City. (No. 1997) Regist			_	ITAL STATISTICS ITE OF DEATH	/8714
Township. Col. (No. (No. (No. (No. (No. (No. (No. (No	1.	<del> </del>	:		\ Q 1 T T
Township, Martin Primary Begistration District No. St. Ward.  Gity. (No. St. Ward. (Unantered and State)  Length of residence in city or town where death occurred yrt. mos.  Dength of residence in city or town where death occurred yrt. mos.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. Sincle, Married, Widowido or District (world the world)  TO (00) WIFE or		County Moulean	Registration District	No. 5 / 7 Pile No. 4	***************************************
2. FULL NAME 2. FULL NAME 3. Sex  Leadin of residence in city or twen where death occurred  PERSONAL AND STATISTICAL PARTICULARS 3. SEX  PERSONAL AND STATISTICAL PARTICULARS 3. SEX  4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR HUNGER OF HUNGER		Township Pilot Grove	. Primary Registration	District No. 5.7.7. Registered No	•••••
(a) Residence, No.  (Unai) piece of abode)  Leugth of residence in city or thew where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED OR  PHORNEY  PAUL  15. DATE OF DEATH (MONTH, DAY AND YEAR)  DAY  16. DATE OF DEATH (MONTH, DAY AND YEAR)  DAY  AGE  YEARS  MONTHS  DAY  AGE  YEARS  MONTHS  DAY  AGE  YEARS  MONTHS  DAY  AGE  YEARS  MONTHS  DAY  AGE  (a) Trude, prefeasion, or perficular kind of work  (b) General unture of industry, hobitance, or critebilationed in which employed (or employer)  (c) Name of employer)  (d) Name of employer)  (e) Name of employer)  10. NAME OF FATHER  11. BIRTHPLACE (CITY OR YORN)  MARKINGAMAN AND YEARS  MEDICAL CERTIFICATE OF DEATH  15. DATE OF DEATH (MONTH, DAY AND YEAR)  16. DATE OF DEATH (MONTH, DAY AND YEAR)  17.  I HER EBY CERTIFY, That I stiended deceased from  18.  WHER WAS DIBEASE CONTINCTORY  WAS THERE AN AUTOPYY.  WHAT TEXT CONTINUED BLICANOSIST.  (SÍGRE!)  WAS THE OR AUTOPYY.  WAS THERE AN AUTOPYY.			(No	•	We
(a) Residence No. (Usual place of abode)  Length of residence in city or town where death occurred yra. 1906.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED OR DIVIDICED (error the word)  17. I HEREBY CERTIFY, That I stiended deceased from 1908 WIFE or 1908					
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Length of residence in city or town where death occurred   1712   182.		(a) Residence. No		,	or town and State)
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## 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 overy 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: Bronchopnsumonia ("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 "Astheria," "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. 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.)

Norz.—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: "Cortificates 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, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, totanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.