## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Township. Walker Phenomena Description District No. 97 Begintered No. 98 No. 98 St. 98 S	1.	PLACE OF DEATH	~~	,		367	68
2. FULL NAME ALLOW BUILDING SALE SALE SALE SALE SALE SALE SALE SALE					File No	ا دې ست	
2. FULL NAME  (a) Readence. No. (Utual place of abode)  (b) Readence. No. (Utual place of abode)  (c) Readence is digor of was where death occurred  (d) Readence is digor of was where death occurred  (d) Readence is digor of was where death occurred  (d) Readence is digor of was where death occurred  (d) Readence is digor of was where death occurred  (d) Readence is digor of was where death occurred  (d) Readence is digor of was where death occurred  (d) Readence is digor of was where death occurred in the same is digority.  (e) COLOR OR RACE   S. SINGLE, MINISTERY WIDOWED  (i) SINGLE OF DEATH (MONTH, DAY AND YEAR)  (i) SINGLE OF DEATH (MONTH, DAY AND YEAR)  (i) WHERE OF CERTIFY, That I alterdaed decregated from July (ii) Into same is A.C.Y.C. altro on July (iii) Into same is		Township Walker Primary Registra	District No.	769	Registered No	41	
Residence   Color   Piece of tools   Color		City(No		·····	St.		Ward)
Color of block)   Color of the color of th	2.	FULL NAME Kindy Burken		***************************************	*************************		
Length of residence in city or town where death occurred   71.   Ma.   Dev long in U.S., if of foreign birth?   772.   1000   21.		(a) Residence. No. (Usual place of shode)	Werd				·····
3. SEX 4. COLOR OR RACE   5. SINGLE MARRIED. WIDOWEDOW.  Male While Strongle Single Strongle	Le		ds How				•
Mule White Single  Sa. If Married, Wildowed, or Divorced Single  Sa. If Married, Wildowed, or Divorced (or) Wife or (or) W		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
### HUSBAND OF GRAND	3. W		17.				
7. AGE YEARS MONTHS DAYS ILLESS than I described to the property of the proper	5a.	HUSBAND or	that I last saw h. M. alive on D. C				
8. OCCUPATION OF DECEASED  (a) Trade, profession, or perficular lind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITT OR, TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR, TOWN)  (STATE OR COUNTRY)  (ST	<b>6.</b> I	DATE OF BIRTH (MONTH, DAY AND YEAR) NOV 2 - 183	N .				_
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which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  14. INFORMANT (STATE OR COUNTRY)  15. INFORMANT (Address)  16. (STATE OR COUNTRY)  17. (STATE OR COUNTRY)  18. WHERE WAS DISEASE CONTRACTED  19. DID AN OPERATION PRECEDE DEATH)  10. DATE OF  WAS THERE AN AUTOPSY!  (Signed)  WHAT TEST CONFIRMED DIAGROSIST.  (Signed)  (Signed)  (STATE OR COUNTRY)  (STATE OR					<i>V</i>		
18. WHERE WAS DISEASE CONTRACTED  19. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER UNKNOWN  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER UNKNOWN  13. BIRTHPLACE OF MOTHER (CITY OR, TOWN)  14. INFORMANT PROCEDE DEATH. M. D. DATE OF.  15. PLACE OF BURIAL CREMATION, OR REMOVAL  16. NAME OF FATHER (CITY OR, TOWN)  17. MAIDEN NAME OF MOTHER (CITY OR, TOWN)  18. WHERE WAS DISEASE CONTRACTED  19. PLACE OF BURIAL CREMATION, OR REMOVAL  20. UNDERTAKER  20. UNDERTAKER			(SECONDARY)	13			
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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 healthfuless of various pursuits can be known. The question plies 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) Fareman, (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, 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. 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: "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.