## N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAMS should stated CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH  Comety. MORITE-BAU  Trembly. Morite-BAU  Thomas P Longan  (No. 1974)  S. Werd.  (If nonresident give city or town and Start)  Longid of residence. No. 1974  Longid of residence in city or bown where death secured yr. mos.  da. Bow load in U.S., if of morite field in the Start of Particulars  FERSONAL AND STATISTICAL PARTICULARS  Divorce: (with Massine, Morite-Massine, Minorem or Divorce: (with the word) or (ii) wife or Kissish Longan  S. INTINITE OF TRAIN (worth, Low America)  S. INTINITE OF FAITH (worth, Low America)  BAT I List saw bless. alive on. Mart. 1972. in 22 or 11 and 11 and 12 or 12 o	<b>K</b> 5.		BUREAU OF VI	BOARD OF HEALTH	Do not a	se this space.
2. FULL NAME Thomas P Longan  (a) Besidence No. (Urus place of shode)  Legido of reduces in city or town where death occurred yrs. mes. ds. Bow long in U.S., if of freeigh birth? yrs. mes. ds.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. Sincae, Massien, Windows of Director of the world)  HIST 16d  5. LIP MASSIEN, Windows, or Director Order the world)  HUSSAID OF (19) WIFE OF KISSIAN LONGAN  6. DATE OF BIRTH (WORTH, DAY AND YEAR) NOT WINDOWS OR (19) WIFE OF WASSIEN, WINDOWS OR (19) WASSIEN, WASSIEN, WASSIEN, WINDOWS OR (19) WASSIEN, WASSI	1	County Monitoau Township Walker	Registration District	No. 57/		*****************************
(Usual place of a bode)  Leight of residence in city or town where death occurred yes.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX	2	FULL NAME Thomas	P Longan	Word	St.	Ward)
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (crite the word) Hale fillto libraried 15. Longan  5. If MARRIED, WIDOWED, on Divorced (crite the word) 16. DATE OF DEATH (WONTH, DAY AND YEAR) 19.2.7  6. DATE OF BIRTH (WONTH, DAY AND YEAR) NOVOMBER 11 183  7. AGE YEARS MONTHS DATS ILLESS dam 1 day, br. c min  8. OCCUPATION OF DECEASED  (a) Trace, profession, or Retired Farmer  (b) General nature of industry, brothers, or establishment in whith enabysed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY) LIS SOUri  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER, Elizabeth Calver  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) Virgins  14. HOTOMANT J.E. Longan  14. HOTOMANT J.E. Longan  15. FLACE OF BURIAL CREMATION, OR REMOVAL  Old Salem Communication of Married Control of Married (20 whether Accordance of Burial)  16. DATE OF DEATH (WONTH, DAY AND YEAR) NAME (CONTROL OF DEATH, or in deaths from Vocast Cause, state (1) Married of Lourn, and (2) whether Accordance of Burial, or in deaths from Vocast Cause, state (1) Married of Death (20 whether Accordance of Burial)  16. DATE OF DEATH (WONTH, DAY AND YEAR)  18. WHERE WAS COMES CONTRACTOD  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Old Salem Communication  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Old Salem Communication  Old Salem Communication  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Old Salem Communication  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Old Salem Communication  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Old Salem Communication  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Old Salem Communication  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Old Salem Communication  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Old Salem Communication  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Old Salem Communication  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Old Salem Communication  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Old Salem Commu	L		h occurred yrs. mos.	on ll)		
Hale  Tilite  Drooger (crist the word)  Libraried  S. If MASSHED, Widowed, on Divored, on		PERSONAL AND STATISTI	CAL PARTICULARS	2 MEDICAL CERTIFICATE OF DEATH		
IMPRIENT WOODER, OR DIVORCED HUSEAND OF CERTIFY That I sticneded deceased from Sa. 6. H. HUSEAND OF CONTRIBUTION, DAY AND YEAR NO YEAR	3.	SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY A	IND YEAR)	P/5 1937
EAST OF DIRTH (MONTH, DAY AND YEAR) NOVEMBER 11 1835  7. AGE YEARS MONTHS DAYS ILLESS than 1 days, band years of the date stated above, st. S. B.O. THE CAUSE OF DEATH!* WAS AS FOLLOWS:  8. OCCUPATION OF DECEASED  (a) Trade, profession, or Retired Farmer perticular kind of work profession, or Retired Farmer (secondary)  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (city or town)  (STATE OR COUNTRY) HIS SOUTI  10. NAME OF FATHER JOHN LONGAN  11. BIRTHPLACE OF FATHER (city or town)  (STATE OR COUNTRY) VIrgina  12. MAIDEN NAME OF MOTHER, Elizabeth Calver  (STATE OR COUNTRY) VIrgina  13. BIRTHPLACE OF MOTHER (city or town)  (STATE OR COUNTRY) VIrgina  14. BIRTHPLACE OF MOTHER (city or town)  (STATE OR COUNTRY) VIrgina  15. FINANCIA 1221 B. M. BANDAR SK.  16. DAYS THERE AND AUTOPSYL.  WHAT TEST CONFRIEND DIAGNOSIS?  (Signed)  17. DID AN OPENTION PICTEDE DEATH.  (Signed)  (Signed)  (MALNE ANTERS OF JURISHER, and (2) whether ACCUPANIA, BUICDAL, or Housemant.  (MALNE ANTERS OF JURISH, and (2) whether ACCUPANIA, BUICDAL, or Housemant.  (MALNE ANTERS OF JURISH, and (2) whether ACCUPANIA, BUICDAL, or Housemant.  (Address)  Callifornia Mo.  Old Salem Comt.  20. UNDERTAKER	[ <del></del>			I HEREBY CERTIFY, That I attended deceased from Sa.A		
EAST OF DIRTH (MONTH, DAY AND YEAR) NOVEMBER 11 1835  7. AGE YEARS MONTHS DAYS ILLESS than 1 days, band years of the date stated above, st. S. B.O. THE CAUSE OF DEATH!* WAS AS FOLLOWS:  8. OCCUPATION OF DECEASED  (a) Trade, profession, or Retired Farmer perticular kind of work profession, or Retired Farmer (secondary)  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (city or town)  (STATE OR COUNTRY) HIS SOUTI  10. NAME OF FATHER JOHN LONGAN  11. BIRTHPLACE OF FATHER (city or town)  (STATE OR COUNTRY) VIrgina  12. MAIDEN NAME OF MOTHER, Elizabeth Calver  (STATE OR COUNTRY) VIrgina  13. BIRTHPLACE OF MOTHER (city or town)  (STATE OR COUNTRY) VIrgina  14. BIRTHPLACE OF MOTHER (city or town)  (STATE OR COUNTRY) VIrgina  15. FINANCIA 1221 B. M. BANDAR SK.  16. DAYS THERE AND AUTOPSYL.  WHAT TEST CONFRIEND DIAGNOSIS?  (Signed)  17. DID AN OPENTION PICTEDE DEATH.  (Signed)  (Signed)  (MALNE ANTERS OF JURISHER, and (2) whether ACCUPANIA, BUICDAL, or Housemant.  (MALNE ANTERS OF JURISH, and (2) whether ACCUPANIA, BUICDAL, or Housemant.  (MALNE ANTERS OF JURISH, and (2) whether ACCUPANIA, BUICDAL, or Housemant.  (Address)  Callifornia Mo.  Old Salem Comt.  20. UNDERTAKER	AL IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			that I last come h from alive on have 15 19.25 and that		
7. AGE YEARS MONTHS DAYS II LESS than 1 day, bra. Days or min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or Retired Farmer  (b) General nature of indestry, besiness, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY) VIRGINA  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) VIRGINA  12. MAIDEN NAME OF MOTHER, Elizabeth Galver  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) VIRGINA  14. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) VIRGINA  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) VIRGINA  16. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) VIRGINA  17. BORTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) VIRGINA  18. WHERE MS DIFFASE CONTRACTED  (STATE OR COUNTRY) VIRGINA  (STATE OR COUNTRY) VIRGINA  (STATE OR COUNTRY) VIRGINA  (MAINS AND NATURE OF LIURAR, AND (12) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar, and (2) whether Accordental, Strommal, or Horselean Carrier of Liurar	Kissiah Longan			death occurred, on the date stated above,		
8. OCCUPATION OF DECEASED  (a) Trade, profession, or Retired Farmer  (b) General nature of indesstry, business, or establishment in white membryed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY) HISCOURI  10. NAME OF FATHER JOHN LONGAN  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) VIrgins  12. MAIDEN NAME OF MOTHER, Elizabeth Calver (State or Country) Virgins  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) VIrgins  14. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) VIrgins  15. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) VIrgins  16. Manden Name of Mother (CITY OR TOWN)  (State OR COUNTRY) VIrgins  17. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) VIrgins  18. Where was different place of Death.  Was there an autorosty.  (Signed)  (Mans and Natures of Issuer, and (2) whether Accumerate Catesse, state (1) Mans and Natures of Issuer, and (2) whether Accumerate, Summal, or Howman (Address)  (State OR COUNTRY)  (State OR COUNTRY)  (State OR COUNTRY)  VIrgins  (State OR COUNTRY)  (State OR COUNTRY)  (State OR COUNTRY)  VIrgins  (Mans and Natures of Issuer, and (2) whether Accumerate, Summal, or Howman (Address)  (State OR COUNTRY)  (State OR COUNTRY)  (State OR COUNTRY)  VIrgins  (ON TREMOVAL DATE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL Old Salem Gemt  Old Salem Gemt  20. UNDERTAKER	<del></del>			THE CAUSE OF DEATH WAS	AS FOLLOWS:	_ •
8. OCCUPATION OF DECEASED  (a) Trade, profession, or Retired Farmer  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (city or town)  (STATE OR COUNTRY)  10. NAME OF FATHER JOHN LONGAN  11. BIRTHPLACE OF FATHER (city or town)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER, Elizabeth Galver  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (city or town)  (STATE OR COUNTRY)  14. INFORMANT  (STATE OR COUNTRY)  VIrgina  16. Maiss and Nature of Buther, and (2) whether Accombrate, Grand or Howard Cares, state  (Maiss and Nature of Buther, and (2) whether Accombrate, Grand or Mothers, and (3) whether Accombrate, Grand or Mothers, and (4) whether Accombrate, Grand or Mothers, and (5) and Cares of Buther, and (6) or reverse side for additional spaces.)  14. INFORMANT  (Address)  California Mo.  Old Salem Comt	, ·		day,hrs.	Drongiel	merry	مين
(a) Trade, profession, or particular kind of work  (b) General nature of industry.  (b) General nature of industry.  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN).  (STATE OR COUNTRY) HIS SOUP!  10. NAME OF FATHER JOHN LONGAN  11. BIRTHPLACE OF FATHER (CITY OR TOWN).  (STATE OR COUNTRY) Virgina  12. MAIDEN NAME OF MOTHER, Elizabeth Calver  (STATE OR COUNTRY) Virgina  13. BIRTHPLACE OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) Virgina  14. INFORMANT  (Address) California Mo.  15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  (Address) California Mo.  16. ADDRESS, TAILOR (COUNTRY) DATE OF BURIAL  (Old Salem Comt  (Address) California Mo.  17. ADDRESS, TAILOR (COUNTRY) DATE OF BURIAL  Old Salem Comt  (ADDRESS, CONTRACTED)  (Address) California Mo.  18. WHERE WAS DIRASE CONTRACTED  (Address) CALTHRIT (Address) DATE OF BURIAL  (Address) California Mo.  18. WHERE WAS DIRASE CONTRACTED  (Address) CAUTHOUT (Address) DATE OF BURIAL  (Address) California Mo.  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  Old Salem Comt  (ADDRESS, CONTRACTED)  (Address) CAUTHOUT (Address) DATE OF BURIAL  (ADDRESS, CONTRACTED)  (Address) CAUTHOUT (ADDRESS (ADDRESS, CAUTHOUT (ADDRESS))  (ADDRESS, CONTRACTED)  (Address) CAUTHOUT (ADDRESS (ADDRESS)  (ADDRESS, CONTRACTED)  (ADDRESS (ADDRESS (ADDRESS) (ADDRESS (ADDRE	92   4   -				***************************************	********************************
(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY) Hissouri  10. NAME OF FATHER John Longan  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) Virgina  12. MAIDEN NAME OF MOTHER, Elizabeth Calver  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. J.E. Longan  15. INTORNANT  (Address)  16. Longan  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  18. WHERE WAS DIREASE CONTRACTED  (State OR COUNTRY) Virgina  (Signed)  (Sign	8.					
which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HISSOURI  10. NAME OF FATHER JOHN LONGAN  11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virgina  12. MAIDEN NAME OF MOTHER, Elizabeth Calver (STATE OR COUNTRY) Virgina  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. SIRTHPLACE OF MOTHER (CITY OR TOWN)  15. STATE OR COUNTRY) Virgina  16. Malden Name of Mother (CITY OR TOWN)  17. J. B. Longan  18. Where was differed contracted  19. Did an operation reflected definition of particular and contracted to the contracted of the co	•				m you	Locuti
9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY) HIS SOURI  10. NAME OF FATHER JOHN LONGAN  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) Virgina  12. MAIDEN NAME OF MOTHER, Elizabeth Calver  (State or country) Virgina  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) Virgina  14. J.E. Longan  (STATE OR COUNTRY) Virgina  15. Longan  16. Diband Comment (Country or town)  17. Did an operation procedure deaths.  (Signed)  (Signed)					(described)	. 3 4/ 4-
9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY) HISSOURI  10. NAME OF FATHER JOHN LONGAN  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) VIRGINA  12. MAIDEN NAME OF MOTHER, Elizabeth Calver  (State OR COUNTRY) VIRGINA  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) VIRGINA  (STATE O						
10. NAME OF FATHER JOHN LONGAN  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) Virgina  12. MAIDEN NAME OF MOTHER, Elizabeth Calver  (STATE OR COUNTRY) Virgina  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) Virgina  (STATE OR COUNTRY) Virgina  14.  INFORMANT  (Address)  California Mo.  15.  FINALARIA (1927)  ADDRESS,						
11. BIRTHPLACE OF FATHER (CITY OR TOWN).  (STATE OR COUNTRY) Virgina  12. MAIDEN NAME OF MOTHER; Elizabeth Calver  (State or Country) Virgina  (State or Country) Virgina  *State the Diezasi Causing Death, or in deaths from Violent Causes, state (State or Country) Virgina  14. J.E. Longan  (Name and Nature of Industry, and (2) whether Accurental, Buildinal, or Homograph  (Address) California Mo.  19. Place of Burial, Cremation, or removal  (Address) California Mo.  Old Salom Comt  (Address) Address.  20. Undertaker		IN NAME OF FATHER	_ ·			
(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (M. D.	John Longan					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) Virgina  14.  INFORMANT  (Address)  California Mo.  California Mo.  State the Dibrabi Causin Death, or in deaths from Violent Causes, state (1) Means and Nature of Indust, and (2) whether Accordance, or Homicidal (See reverse side for additional space.)  19. Place of Burial, Cremation, or removal  Old Salom Comt  Total 7 19 27  15.  Fin May 10 19 27  B. M. Bylling W.  20. Undertaker  Address.	(STATE OR COUNTRY) Vincina		0 ~~~ 4~ 0			
13. BIRTHPLACE OF MOTHER (CITY OR TOWN).  (STATE OR COUNTRY) Virgina  14.  INFORMANT  (Address)  California Mo.  California Mo.  State the Dibrabi Causin Death, or in deaths from Violent Causes, state (1) Means and Nature of Indust, and (2) whether Accordance, or Homicidal (See reverse side for additional space.)  19. Place of Burial, Cremation, or removal  Old Salom Comt  Total 7 19 27  15.  Fin May 10 19 27  B. M. Bylling W.  20. Undertaker  Address.	ARE					
14. J.E. Longan  INFORMANT (Address)  Callfornia Mo.  Old Salem Cemt  Old Salem Cemt  Date of Burial  Old Salem Cemt  Old Sale		13. BIRTHPLACE OF MOTHER (city of	R TORN)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or		
(Address) California Mo. Old Salem Cemt 701/7 1927  15. Fin Man 10 1927 B. M. Bighter R 20. UNDERTAKER ADDRESS.	MANA DOMEST					DATE OF BURIAL
15. FILLOW 10 1927 B. M. Bylin & 20. UNDERTAKER ADDRESS.				Old Salem Cemt	<u> </u>	17 19 27
, i i i i i i i i i i i i i i i i i i i	15.	Fu X 20 19. 19.27 B.	M. Bigher PR. PRECESTRAR	20. UNDERTAKER		ADDRESS,

## 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, peritoneum, etc., Carcinoma, Sarcoma, etc., of ---- (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); 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 childbir h or miscarriage, as "PUERPERAL septi emia." "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 head-homicide; 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 Now 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, phiebitis, 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.