## MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

	CEI	RTIFICATE	OF DEA	тн	9	1157	3
1. PLACE OF DEATH  County Many Cau  Township Walklu	Registrati Primary I	ion District No. Registration Dis	trict Ne.	571 File No		40	
2. FULL NAME ALLA CITA  (a) Residence. No.	beth		VP				Ward)
(Usual place of abode)			•••••	(If nonresident give	city or tow	n and State	=)、
Leagth of residence in city or town where death occurred	yrs.	mos.	ds.	How long in U.S., if of foreign birth?	J78-	1395.	da.
PERSONAL AND STATISTICAL PARTI	CULARS			MEDICAL CERTIFICATE OF	F DEATH		
3. SEX 4. COLOR OR RACE   5. SINGLE.	ARRIED, WID	OWED OR			7	. ~	

City	St. Ward)
2. FULL NAME LAURA CUPALETA TO	2 W K o w
	· · · · · · · · · · · · · · · · · · ·
(a) Residence. No	it,
Length of residence in city or town where death occurred yrs. mo	s. ds. How long in U.S., if of foreign birth? 778. mes. ds.
PERSONAL AND STATISTICAL PARTICULARS	, MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (wrue the word)	IB. DATE OF DEATH (MONTH, DAY AND YEAR)
Filmale White Singles	I HEREBY CERTIFY, That Lattended deceased from
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	1921 to accept 1 Y 1921
(OR) WIFE OF	that I last saw h. e. alive on and that
011129	death occurred, on the date stated above, at
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 24 /89	THE CAUSE OF DEATH* WAS AS FOLLOWS:
7. AGE YEARS MONTHS DAYS If LESS then 1 day,	Julium on duberculou
25 0 24 or min.	
8. OCCUPATION OF DECEASED	
(a) Trade, profession, or perficular kind of work	(duration)
(b) General nature of industry,	CONTRIBUTORY
business, or establishment in	(SECONDARY)
which employed (or employer)	(dwaffon) yrs
(c) state of employer	18. WHERE WAS DISEASE CONTRACTED
9. BIRTHPLACE (CITY OR TOWN) Whomlean County	IF NOT AT LACE OF BEATH?
(STATE OR COUNTRY)	Den and companyed programs programs
10. NAME OF FATHER	Did an operation precede deathy Date of
- Caw - Ca	Was there an autopsyt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) MOUNTER COL	WHAT TEST CONFIRMED DIAGNOSIST
(STATE OR COUNTRY)	(Signed) W.D
4/11 71 01	

9.3		CERTIFICATI	OF DEATH	91153	
IANS should state is very important.	1. PLACE OF DEATH		571		
털	County Many law	Registration District N		File No	
should y impo	Township Walfell	Primary Registration D	istrict No. 5/69	Registered No	10
S er	City		F	St.	Ward)
IANS is ver	2. FULL NAME VALUE CLEAR	A La	100 ou		•
2 K		St.,	Ward.	•••••••••	
PATION	(Usual place of abode)		(1)	nonresident give city	
44	Leagth of residence in city or town where death occurred	yrs. mos.	ds. How long in U.S., if	of foreign hirth?	778. mos. da.
OCCUPATION	PERSONAL AND STATISTICAL PARTICUI	, MEDICAL CE	RTIFICATE OF DE	EATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARK DIVORCED (10)	16. DATE OF DEATH (MONTH, DA	Y AND YEAR) Cu	0 18 192	
statement of	Fland White San	000	17.		T /
e H	5a. IF MARRIED, WIDOWED, OR DIVORCED		I HEREBY CERTI	· · · · · · ·	eceased from
Stated State II	HUSBAND OF (OR) WIFE OF		hat I last sow h. alive on.	in the distriction of the second	and that
2 g 🔌			leath occurred, on the date stated abo	e, at 930,	, , , , , , , , , , , , , , , , , , ,
	6. DATE OF BIRTH (MONTH, DAY AND YEAR) 24	1896	THE CAUSE OF DEATH	WAS AS FOLLOWS: 7	1
snouta 4. Es	7. AGE YEARS MONTHS DAYS	If LESS then 1	Fulmon	ondus	reventore
a eg	25 0 24	ormin.	71.11		
A Bast	A OCCUPATION OF PECEFORM			*******************************	***************************************
	8. OCCUPATION OF DECEASED (a) Trade, profession, or		***************************************	·	••••••••••••••
supplied properly	particular kind of work		***************************************	(duration)y	rsds.
supplied.	(b) General nature of industry, business, or establishment in		CONTRIBUTORY(SECONDARY)	<del></del>	***************************************
å	which employed (or employer)		•	(daration)y	tu. maa da
nay a	(c) Name of employer		18. WHERE WAS DISEASE CONTRACTED		
# # #	9. BIRTHPLACE (CITY OR TOWN) Mariter C	onuli	I = I		
hat	(STATE OR COUNTRY)		IF NOT ATTELACE OF DEATHS	***************************************	***********************************
e e	10. NAME OF FATHER		DID AN OPERATION PRECEDE DEAT	H1 DATE OF.	
ğ .	10. NAME OF PAIRER . Jan	veon	WAS THERE AN AUTOPSYT		***************************************
4 H	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	tentorne	WHAT TEST CONFIRMED DIAGNOST		*************************
in t	(STATE OR COUNTRY)	10	(Signed)	1) 70	ec wa
ry tem of information should be carefully DBATH in plain terms, so that it may b	IZ. MAIDEN NAME OF MOTHER COLO 7	alk	, 19 (Address)		
유 대 대	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO	100-	*State the DISEASE CAUSING	DEATH, or in deaths fro	m Violent Causes, state
A T	(STATE OF COUNTRY)		(1) MEANS AND NATURE OF INJU	er, and (2) whether	
D K	14	<u></u>	HOMICIDAL (See reverse side for add		
OF.	INFORMANT ALL TO THE STATE OF T		19. PLACE OF BURIAL, CREMAT	ION, OR REMOVAL	DATE OF BURIAL
] B	(Address) California	no.	Roback Louis	eu.	8/19 197
H. H. H. H. H. H. H. H. H. H. H. H. H. H	15. / 14 a a A A A	4101	20. UNDERTAKER	<del></del>	#ODRESS -

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly 5 Muy 19 37 FORX STURY
REGISTERAR

## Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health

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 (aveid use of "Croup"); hoid, fever (never report

"Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of ......(pame 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 symptom-'atic), "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 "Puterperal septicemia," "PUERPERAL peritonitie," etc. 2 State cause for which surgical operation was undertaken. VIOLENT DEATHS State MEANS OF INJURY and qualify AS ACCIDENTAL, BUICIDAL, OR HOMICIDAL, OF 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.)

Note.—Individual offices may add to above list of undesiry able 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, crysipelas, 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.