

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City St. LouisRegistration District No. 7911File No. 29053Primary Registration District No. 1003Registered No. 7344(No. 1215 S. Compton St. 73 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME William J. Donohue

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If not the word) MarriedDATE OF BIRTH October 15, 1874
(Month) (Day) (Year)AGE 35 yrs. 11 mos. 23 ds. IF LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION
(a) Trade, profession, or particular kind of work Roofer
(b) General nature of industry, business, or establishment in which employed (or employer) Geo. A. RisterBIRTHPLACE
(City or town, State or foreign country) St. Louis MoPARENTS
NAME OF FATHER Daniel Donohue
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland
MAIDEN NAME OF MOTHER Kate Murphy
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. Donohue(ADDRESS) 4055. Kummerley av

SEP 20 1910

W. Wheeler Bond

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 19, 1910
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Sept 1, 1910, to Sept 18, 1910, that I last saw him alive on Sept 18, 1910, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Chronic Nephritis
1st Interstitial
about 1 yrs. ___ mos. ___ ds.
(Duration)Contributory Exposure & severe Colds
(Secondary) (Duration) ___ yrs. ___ mos. ___ ds.(Signed) Michael J. Downes M. D.
Sept 19, 1910 (Address) 1211 N. Grand Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

CalvarySept 21, 1910

UNDERTAKER

ADDRESS

Geo. E. Cobb2115 California

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

MARGIN RESERVED FOR BINDING

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*, *Composer*, *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 may be entered as *Housewife*, *Housework*, or *At mine*, etc. children, not gainfully employed, as *At school* or *ies of the Care should be taken to report specifically the occ receive a of persons engaged in domestic service, for wages, House- vant, Cook, Housemaid*, etc. If the occupation employed, changed or given up on account of the DISEASE (en to re- DEATH, state occupation at beginning of illness. gaged in tired from business, that fact may be indicate, *House- Farmer (retired, 6 yrs.)*. For persons who have nor given pation whatever, write *None*. state oc-

Statement of cause of death.—Name, from busi- DISEASE CAUSING DEATH (the primary affection ver (re- spect to time and causation), using always the cupation accepted term for the same disease. Examples *brospinal fever* (the only definite synonym is "Epst, the cerebrospinal meningitis"); *Diphtheria* (avoid with re- "Croup"); *Typhoid fever* (never report "Typhoid e same monia"); *Lobar pneumonia*; *Bronchopneumonia* (": Cere- monia," unqualified, is indefinite); *Tuberculosis of pidemic meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, use of (name origin; "Cancer" is less definite; yphoid use of "Tumor" for malignant neoplasms); *M. monia culosis* 1, Sar-

coma, 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," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichaemia," "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.)

