

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.

| PLACE OF DEATH | | | MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH | | |
|--|---|--|--|--|--|
| County _____ | | | Registration District No. 791 | | File No. 11053 |
| Township _____ or _____ | | | Primary Registration District No. 1003 | | Registered No. 2203 |
| Village _____ or _____ | | | City St. Louis (NO. City Hospital St. 5 Ward) | | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| FULL NAME Annice Brodie (Coel) | | | | | |
| PERSONAL AND STATISTICAL PARTICULARS | | | MEDICAL CERTIFICATE OF DEATH | | |
| SEX Female | COLOR OR RACE Coel | SINGLE MARRIED WIDOWED OR DIVORCED Widow (Write the word) | DATE OF DEATH Feb. 28th , 191 2 (Month) (Day) (Year) | | |
| DATE OF BIRTH Don't Know , 1 _____, 191____ (Month) (Day) (Year) | | | I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, | | |
| AGE abt. 75 yrs. _____ mos. _____ ds. | | IF LESS than 1 day, _____ hrs. or _____ min.? | that I last saw h_____ alive on _____, 191____, | | |
| OCCUPATION (a) Trade, profession, or particular kind of work Laundress | | | and that death occurred, on the date stated above, at 8:03 a. | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) _____ | | | The CAUSE OF DEATH* was as follows: Pleurisy, from suppurating fibroid | | |
| BIRTHPLACE (City or town, State or foreign country) Unknown | | | 1.31.11 N.W.C. 5.4 B (Duration) yrs. _____ mos. _____ ds. | | |
| PARENTS | NAME OF FATHER Not Ascertainable | | Contributory Chronic Nephritis (SECONDARY) (Duration) yrs. _____ mos. _____ ds. | | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) "/ | | (Signed) W. H. Fath M. D. 3/2 , 191 2 (Address) Duport Coeur | | |
| | MAIDEN NAME OF MOTHER "/ | | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. | | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) "/ | | LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place _____ 4 hours in the _____ of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. | | |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | | | |
| (Informant) W. H. Fath | | | Where was disease contracted if not at place of death? Former or usual residence 710 N. 16th St. | | |
| (ADDRESS) Coeur's Office | | | PLACE OF BURIAL OR REMOVAL Greenwood | | DATE OF BURIAL 3/5 , 191 2 |
| Filed MAR -5 1912 Max B. Starkloff REGISTRAR | | | UNDERTAKER A. Russell | | ADDRESS 2320 Chestnut |

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*, *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 septicaemia," "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.)



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PLACE OF DEATH

County _____

Township _____

or Village _____

City St Louis (NO. _____)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

Registration District No. 791

File No. _____

Primary Registration District No. 1003

Registered No. 2203

City St Louis (NO. _____) City Wash't St.: _____ Ward _____

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

FULL NAME Annie Brodie (col)

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE B SINGLE MARRIED WIDOWED OR DIVORCED wd (Write the word)

DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

AGE abt 75 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. _____ or _____ min.

OCCUPATION (a) Trade, profession, or particular kind of work Laundress (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) _____

PARENTS NAME OF FATHER Not known BIRTHPLACE OF FATHER _____ MAIDEN NAME OF MOTHER _____ BIRTHPLACE OF MOTHER _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. N. Tatch (ADDRESS) Lessoners Office

Filed 5-10 1912 A. L. Snodgrass REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Febry 28, 1912 (Month) _____ (Day) _____ (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____.

and that death occurred, on the date stated above, at 803^a m.

The CAUSE OF DEATH* was as follows: Peritonitis, from suppurating fibroid of uterus M. M. C. (Duration) _____ yrs. _____ mos. _____ ds.

Contributory Chronic Nephritis (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) H. N. Tatch 5-10, 1912 (Address) Deput Town

*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. 4 hrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? Former or usual residence 710 N. 16th St

PLACE OF BURIAL OR REMOVAL Greenwood DATE OF BURIAL 3/5, 1912

UNDERTAKER A. Russell ADDRESS 2320 Chestnut

SUPPLEMENTARY

Revised United States Standard Certificate of Death

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

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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 septicaemia," "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.)

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