

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		MISSEISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County		Registration District No. <b>791</b>	File No. <b>21500</b>
Township		Primary Registration District No. <b>1003</b>	Registered No. <b>5364</b>
Village			
City	<b>ST. LOUIS</b>	(NO. <b>INFIRMARY</b>	St. <b>24</b> Ward)
FULL NAME <b>Mary Woods</b>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <b>Female</b>	COLOR OR RACE <b>Black</b>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <b>Widowed</b>	DATE OF DEATH <b>June 10, 1912</b> (Month) (Day) (Year)
DATE OF BIRTH <b>Unknown, 1862</b> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <b>June 17, 1911</b> , to <b>June 10, 1912</b> , that I last saw her alive on <b>June 10, 1912</b> and that death occurred, on the date stated above, at <b>4:50 P.M.</b>	
AGE <b>50</b> yrs. <b>Uk.</b> mos. <b>Un.</b> ds.	IF LESS than 1 day, hrs. or min.?		The CAUSE OF DEATH* was as follows: <b>Chronic parenchymatous nephritis</b> <b>131</b> <b>92A</b> <b>1070</b> (Duration) yrs. <b>8</b> mos. ds.
OCCUPATION (a) Trade, profession, or particular kind of work <b>Housework</b> (b) General nature of industry, business, or establishment in which employed (or employer)		Contributory <b>Mitral Regurgitation</b> (Duration) yrs. <b>6</b> mos. ds.	
BIRTHPLACE (City or town, State or foreign country) <b>Tennessee</b>		(Signed) <b>Carl A. Hoprecht</b> M. D. <b>June 11, 1912</b> (Address) <b>Infirmary</b>	
PARENTS	NAME OF FATHER <b>Unknown</b>	*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 FATHER (City or town, State or foreign country) <b>U. S.</b>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <b>1</b> yrs. <b>6</b> mos. <b>23</b> ds. In the State <b>Unknown</b> mos. ds.	
	MAIDEN NAME OF MOTHER <b>Unknown</b>	Where was disease contracted, if not at place of death? <b>Unknown</b>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <b>U. S.</b>	Former or usual residence <b>1303 Biddle St.</b>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <b>E. V. Cosgrove</b>		PLACE OF BURIAL OR REMOVAL <b>Greenwood</b>	DATE OF BURIAL <b>6/15, 1912</b>
(ADDRESS) <b>5800 Arsenal St.</b>		UNDERTAKER <b>J. J. Williams</b>	ADDRESS <b>3232 Pine St.</b>
Filed <b>JUN 15 1912</b>	<b>Mary Starkloff</b>	REGISTRAR	

## States Standard Certificate of Death

Census and American Public Health  
Association]

neoplasms); *Measles*; *Heart disease*; *Chronic contributory* (secondary) be stated unless im-  
ease causing death),  
lary), 10 ds. Never  
l conditions, such as  
ptomatic), "Atrophy,"  
," "Debility" ("Con-  
"Exhaustion," "Heart  
n," "Marasmus," "Old  
kness," etc., when a  
as the cause. Always  
m childbirth or mis-  
aemia," "PUERPERAL  
hich surgical operation  
ATHS state MEANS OF  
L, SUICIDAL, or HOMICIDAL,  
possible to determine  
drowning; Struck by  
und of head—homicide;  
suicide. The nature  
nd consequences (e. g.,  
er the head of "Con-  
statement of cause of  
Nomenclature of the

ipation.—Precise statement of oc-  
ortant, so that the relative health-  
ursuits can be known. The ques-  
and every person, irrespective of  
ipations a single word or term on  
sufficient, e. g., *Farmer* or *Planter*,  
*or, Architect, Locomotive engineer,*  
*onary fireman*, etc. But in many  
ndustrial employments, it is neces-  
ie kind of work and also (b) the  
ess or industry, and therefore an  
vided for the latter statement; it  
when needed. As examples: (a)  
*mill*; (a) *Salesman*, (b) *Grocery*;  
*automobile factory*. The material  
m part of the second statement.  
borer," "Foreman," "Manager,"  
out more precise specification, as  
*laborer, Laborer—Coal mine*, etc.  
to are engaged in the duties of the  
paid *Housekeepers* who receive a  
be entered as *Housewife, House-*  
*id children*, not gainfully employed,  
*ome*. Care should be taken to re-  
occupations of persons engaged in  
wages, as *Servant, Cook, House-*  
upation has been changed or given  
e DISEASE CAUSING DEATH, state oc-  
g of illness. If retired from busi-  
be indicated thus: *Farmer* (re-  
persons who have no occupation  
le.

use of death.—Name, first, the  
TH (the primary affection with re-  
ausation), using always the same  
ie same disease. Examples: *Cere-*  
only definite synonym is "Epidemic  
gitis"); *Diphtheria* (avoid use of  
*fever* (never report "Typhoid  
*r pneumonia; Bronchopneumonia*  
alified, is indefinite); *Tuberculosis*  
*peritonaicum*, 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* (dis-  
ease causing death), 29 ds.; *Bronchopneumonia* (sec-  
ondary), 10 ds. Never report mere symptoms or ter-  
minal conditions, such as "Asthenia," "Anaemia"  
(merely symptomatic), "Atrophy," "Collapse," "Coma,"  
"Convulsions," "Debility" ("Congenital," "Senile," etc.),  
"Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage,"  
"Inanition," "Marasmus," "Old age," "Uraemia,"  
"Uraemia," "Weakness," etc., when a defini- can be ascert  
can be ascertained as the cause. Always, diseases resultin  
diseases resulting from childbirth or mē "PUERPERAL  
"PUERPERAL septichaemia," "PUERPERAL," etc. State cause  
State cause for which surgical operaertaken. For VIOLE  
taken. For VIOLENT DEATHS state MEANand qualify as ACCID  
qualify as ACCIDENTAL, SUICIDAL, or ER as probably such,  
probably such, if impossible to dete. Examples: *Acci-*  
Examples: *Accidental drowning; Strain—accident; Revolt-*  
*train—accident; Revolver wound of by carbolic acid—pr-*  
*Poisoned by carbolic acid—probably sury*, as fracture of sk  
ture of the injury, as fracture of *sternus*) may be state  
quences (e. g., *sepsis, tetanus*) may be " (Recommendatio  
head of "Contributory." (Recommenproved by Committe  
ment of cause of death approved by Medical Associatio  
Nomenclature of the American Medic

