

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.

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

1 PLACE OF DEATH
 County Jackson
 Township Boone or Independence
 Village Independence or Independence
 City Independence (NO. 398 St. 3019 Ward 274)

File No. 33167
 Registered No. 274

2 FULL NAME Martha Van Helle

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F. **4 COLOR OR RACE** W. **5 SINGLE MARRIED WIDOWED OR DIVORCED** married
(Write the word)

6 DATE OF BIRTH Feb 13 1893
(Month) (Day) (Year)

7 AGE 25 yrs. 8 mos. 17 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work at Home
 (b) General nature of industry business, or establishment in which employed (or employer) 141 11A

9 BIRTHPLACE
(City or town, State or foreign country) Belgium 108

PARENTS

10 NAME OF FATHER Bernard Camerlinck

11 BIRTHPLACE OF FATHER Belgium
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER Unknown
(City or town, State or foreign country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 30th 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 26, 1918, to Oct 30, 1918, that I last saw her alive on 10-30, 1918, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:
Influenza and Pneumonia
via Labor

10 (Duration) yrs. mos. ds.

CONTRIBUTORY Pneumonia
(Secondary) (Duration) yrs. mos. ds.

(Signed) M. D.
11-2, 1918 (Address) Independence Mo

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

18 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

19 PLACE OF BURIAL OR REMOVAL St Marys Cem. **DATE OF BURIAL** Nov 2, 1918

20 UNDERTAKER W. L. Bauer & Co **ADDRESS** Independence Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) May Camerlinck
 (Address) Independence Mo

15 Filed Nov 2, 1918, by F Y Cook
 Registrar

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. It applies to each and every person, irrespective. For many occupations a single word or the first line will be sufficient, e.g., *Farmer* or *Physician*, *Composer*, *Architect*, *Locomotive Civil engineer*, *Stationary fireman*, etc. But in some cases, especially in industrial employments, it is necessary to know (a) the kind of work and also the nature of the business or industry, and therefore an additional line is provided for the latter; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Sales-Grocery*; (a) *Foreman*, (b) *Automobile factory*. Occupation worked on may form part of the second line. Never return "Laborer," "Foreman," "Farmer," "Dealer," etc., without more precise designation, as *Day laborer*, *Farm laborer*, *Laborer—unemployed*, etc. Women at home, who are engaged in duties of the household only (not paid *Housewife* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, if fully employed, as *At school* or *At home*. For persons who should be taken to report specifically the occupation 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, peritonaeum*, etc., *Carcinoma, Sarcoma*, 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 septicæmia," "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.)