MISSOURI STATE BOARD OF HEALTH		
BUREAU OF VITAL STATISTICS		
CERTIFICAT	E OF DEATH	
1. PLACE OF DEATH	(32)	
County Registration District	Pilo No.	
Townskip Primary Registration	District No. A. G. A. Begistered No.	
Cit Dilprotetes (No.	St	
me & lelle	176	
2. FULL NAME //WAY 6. ZWOTC	ash	
(a) Residence. No. St., (Usual place of abode)	Ward.	
(Usual place of abode) Length of residence in city or town where death occurred 22 yes. mos.	(If nonresident give city or town and State) da, How long in U.S., if of foreign birth? yrs. mos. da,	
and a constant is the or own where their occurred and years in the	ds. How long in U.S., if of fereign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-7-1929	
7. 1 west married	17.	
white when	LAFREBY CERTIFY That I offended decreased from	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	meh 21 1923 to AFT 17 1027	
(OR) WIFE OF JU, Galbreach	that I last saw hat 7 alive on 19.2 and that	
	death occurred, on the date stated above, at 2/15 AMp.	
6. DATE OF BIRTH (MONTH, DAY AND YEAR) $6-23-/836$	THE CAUSE OF DEATH* WAS AS FOLLOWS:	
7. AGE YEARS MONTHS DAYS It LESS than 1	La Para Seome	
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66 7 12 =		
8. OCCUPATION OF DECEASED	I Televice avilina	
(a) Trade, profession, or 7/		
particular kind of work	L' (d'iretion) yes mos. ds.	
(b) General nature of industry,	CONTRIBUTORY.	
business, or establishment in which employed (or employer)	h/	
(c) Name of employer	(duration)	
18. WHERE WAS DISEASE CONTRACTED		
9. BIRTHPLACE (CITY OR TOWN) IF NOT AT PLACE OF DEATHT.		
(STATE OR COUNTRY)		
10. NAME OF FATHER ////// O. 1	DID AN OPERATION PRECEDE DEATH?	
Milliam anglas	Was there an autopsys	
0) II. BIRTHPLACE OF FATHER_(CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOS BY CHT TO PARTY TO THE PROPERTY OF	
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2 12. MAIDEN NAME OF MOTHER OF MOTEST FOR PE	4/7, 19 2 (Address) (1) 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Disease Olusing Drate, or in deaths from Violent Causes, state	
(STATE OR COUNTRY)	(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)	
14. 11. 4. 11. +1		
INFORMANT J.W. Jacobycast	19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL	
(Address) (Diezwatism	Bonne to 1-9.23	
15. K/X 25 ()//2 10)	29. UNDERTAKER ADDRESS	
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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 urs.) 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, 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." "Anemia" (merely symptomatic), "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 "Puerperal septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify 88 ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF 88 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 undesirable 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, erysipolas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicenfia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

Additional space for further statements by physician.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH County. County. County. Primery Registration District No. Primery Registration District No. Registered No. Registered No. Registered No. Ward. (III nonresident give city or town and State) Length of tredesor in city or town and State) Length of tredesor in city or town where death occurred 2 2 yrs. PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE Divorced Conference of Divorced Conference Confe	CERTIFICATE OF DEATH			
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5. FILE 8 1923 /1 / Success 20. UNDERTAKER ADDRESS		19. PLACE OF BURIAL, CREMATION, OR REMOVAL		
		20. UNDERTAKER		

MARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY AHE COMPLETE AS PRESCHIBED BY LAW.

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