

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

Do not use this space.

4019

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. St. Joseph's Hospital)
 Registered No. 160
 St. _____ Ward _____

2. FULL NAME Joseph M. Sales
 (a) Residence No. _____ St. _____ Ward St. Charles
 (Usual place of abode) _____ (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 1 mos. 10 d. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. ~~Single~~ Married, ~~Widowed~~ Widowed OR ~~Divorced~~ (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 14 - 1845
 7. AGE YEARS MONTHS DAYS 81 2 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Retired
 (c) Name of employer None

9. BIRTHPLACE (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

10. NAME OF FATHER Don't know
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Don't know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Unknown

14. INFORMANT Warren Sales
 R. (Address) Tracy, Mo

15. FILED John G. Webb REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/10 1927
 17. I HEREBY CERTIFY, That I attended deceased from January 22, 1927 to February 9, 1927 that I last saw him alive on Jan 21, 1927, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
"Endocarditis chronic" with extension

CONTRIBUTORY (SECONDARY) Myocardial Infarction chronic
 (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Don't know
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Henry M. O'Leary, M. D.
2/10, 1927 (Address) St. Charles City, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Charles Mo DATE OF BURIAL 2/10 1927
 20. UNDERTAKER Merriam Davis 1508 DuBois

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.

MAR 22 1927

1 States Standard te of Death

is and American Public Health
ociation.)

ation.—Precise statement of
ortant, so that the relative
pursuits can be known. The
and every person, irrespec-
occupations a single word or
be sufficient, e. g., *Farmer or*
positor, Architect, Locomo-
leer, Stationary Fireman, etc.
cially in industrial employ-
know (a) the kind of work
of the business or industry,
onal line is provided for the
ld be used only when needed.
er, (b) *Cotton mill, (a) Sales-*
foreman, (b) Automobile fac-
ked on may form part of the
ver return "Laborer," "Fore-
Dealer," etc., without more
a. *Day laborer, Farm laborer,*
b. Women at home, who are
the household only (not paid
ve a definite salary), may be
Housework or At home, and
employed, as *At school or At*
taken to report specifically
ersons engaged in domestic
ervant, Cook, Housemaid, etc.
been changed or given up on
CAUSING DEATH, state occu-
illness. If retired from busi-
e indicated thus: *Farmer (re-*
sons who have no occupation

ause of Death.—Name, first,
DEATH (the primary affection
nd causation), using always the
or the same disease. Examples:
the only definite synonym is
inal meningitis"); *Diphtheria*
"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Broncho-*
pneumonia ("Pneumonia," unqualified, is indefinite),
Tuberculosis of lungs, meninges, peritoneum, etc.
Carcinoma, Sarcoma, etc., of (name orig-
in; "Cancer" is less definite; avoid use of "Tumor"
for malignant neoplasma); *Measles, Whooping cough;*
Chronic valvular heart disease; Chronic interstitial
nephritis, etc. The contributory (secondary or inter-
current) affection need not be stated unless im-
portant. Example: *Measles* (disease causing death),
29 ds.; Bronchopneumonia (secondary), *10 ds.*
Never report mere symptoms or terminal conditions,
such as "Asthenia," "Anemia" (merely symptom-
atic), "Atrophy," "Collapse," "Coma," "Convul-
sions," "Debility" ("Congenital," "Senile," etc.),
"Dropsy," "Exhaustion," "Heart failure," "Hem-
orrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uremia," "Weakness," etc., when a
definite disease can be ascertained as the cause.
Always qualify all diseases resulting from child-
birth 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
AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR AS
probably such, if impossible to determine definitely.
Examples: *Accidental drowning; struck by rail-*
way 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.)

NOTE.—Individual offices may add to above list of undesir-
able 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, hemor-
rhage, gangrene, gastritis, erysipelas, meningitis, miscarriage,
necrosis, peritonitis, phlebitis, pyemia, septicemia, 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.