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

Description District No. Planting No. Planti	1	PLACE OF DEATH	*	877		32095
2. FULL NAME  (a) Residence. (b) Residence. (c) Residence. (c) Residence. (d) Residence. (e) Res					File No.	***************************************
2. FULL NAME  (a) Residence, No. (County piece of about)  Length of readmost in the or flower sheare death occurred  FIRE DATE OF DEATH (MONTH, DAY MOD YEAR)  7. AGE		Township VV Jacob Con Con I	rimary Registration	District No. 20 L	Begistered No	13
(a) Residence No.  Leagth of residence No.  Leagth of residence No.  Leagth of residence to city or form where death occurred  The man.  Deprison and State of Louising for the normal state of the stat		Gity			St.	
Length of residence in city or town and State)  Length of residence in city or town where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  15. DATE OF DEATH (NORTH, DAY AND YEAR) OF DEATH  15. DATE OF DEATH (NORTH, DAY AND YEAR) OF THE STATE OF DEATH  16. DATE OF BIRTH (NORTH, DAY KND YEAR)  17. AGE  18. OCCUPATION OF DECEASED  (a) Trule, profession, or particular kind of work  (b) General nature of industry, business, or exhabitalment in which employed (or employer)  (c) Name of employer  10. NAME OF FATHER (CITY ON TOWN)  11. BIRTHPLACE (CITY ON TOWN)  12. MAJUEN NAME OF FATHER (CITY ON TOWN)  13. BIRTHPLACE OF FATHER (CITY ON TOWN)  14. INFORMANT SATURAL OF SATURAL OF SATURAL OF SURFACE OF BURIAL (STATE ON COUNTRY)  15. DATE OF BURIAL (CITY ON TOWN)  16. WAS THERE AN AUTOSTY.  17. INDUSTRIAL OF SATURAL OF SURFACE OF BURIAL (STATE ON COUNTRY)  18. WHERE WAS DISEASE CONTRACTORY.  WAS THERE AN AUTOSTY.  19. DID AN OPERATION PRECEDE DEATH (WORTH, DAY ON TOWN)  (STATE ON COUNTRY)  19. DATE OF DEATH  10. NAME OF FATHER (CITY ON TOWN)  11. BIRTHPLACE OF FATHER (CITY ON TOWN)  12. MAJUEN NAME OF FATHER (CITY ON TOWN)  13. BIRTHPLACE OF MOTHER (CITY ON TOWN)  14. INFORMANT SATURAL OF COUNTRY)  15. DATE OF COUNTRY)  16. WHERE WAS DISEASE CONTRACTORY OF DEATH.  17. INFORMANT SATURAL OF COUNTRY (STATE ON COUNTRY)  18. WHERE WAS DISEASE CONTRACTORY OF DEATH.  19. DATE OF DEATH	2	FULL NAME MANY San	e Plu	eq :		<u>.</u>
Depth of residence in city or town where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  3. SEX  4. CONTROL OR PART  DIVORCED (SPIRT)  CONTROL OF DIRTH (MORTH, DAY AND YEAR)  5. DATE OF DIRTH (MORTH, DAY KIN PERS)  6. DATE OF DIRTH (MORTH, DAY KIN PERS)  7. AGE  YEARS  MORTIS  DAYS  II HESS than I day, brit.  or min.  6. OCCUPATION OF DECEASED  (a) Trade, prefection, or pericular kind of work  (b) General nature of industry, besizes, or exhibitablement in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  MARKE OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAILEN NAME OF FATHER (CITY OR TOWN)  13. BIRTHPLACE OF MORTHER (CITY OR TOWN)  14. INFORMANT SAMMED SAM		(a) Residence. No	St.,	Ward.	(If poperident give city	or town and Creek
3. SEX MARKED WIDOWED, OR DIVORCED (OR) WIFFE (CITY OR TOWN)  5. DATE OF DEATH (MONTH), DAY MOD VEAR)  5. DATE OF DEATH (MONTH), DAY MOD VEAR)  5. DATE OF BIRTH (MONTH), DAY MOD VEAR)  6. DATE OF BIRTH (MONTH), DAY MOD VEAR)  7. AGE  YEARS MONTHS  8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  (d) Contributory  10. NAME OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUN	_L	• •	yra. mos.	ds. How long in		
5. IF MARRIED WIDOWED, OR DIVORCED  HUSSENDER OF CONTRY)  5. ACE YEARS MONTHS DAYS II LESS than 1 day, br.  6. OCCUPATION OF DECEASED  (a) Trade, prefection, or periodic findestry, besiness, or establishment in which employed (or employer)  (b) Robert antere of indestry, besiness, or establishment in which employed (or employer)  10. NAME OF FATHER MILLIAM FLORY OF TOWN)  11. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  12. MALUEN NAME OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MATHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT S MATHER AND STATE OF TOWN STATE OR			ARS	MEDIC	AL CERTIFICATE OF DE	ATH ,
HUSEANDLOP  WHE OF WHE OF WHE DOWN AND MAKE OF FATHER CITY OR FOWN.  9. BIRTHPLACE OF FATHER CITY OR FOWN.  10. NAME OF FATHER CITY OR FOWN.  11. BIRTHPLACE OF MOTHER FLORE TOWN.  12. MAJEN NAME OF MOTHER CITY OR FOWN.  13. BIRTHPLACE OF MOTHER CITY OR FOWN.  14. INFORMANT & ATTENDED TO THE CITY OR FOWN.  15. MENDAME OF STATE OR COUNTRY) MALE OF TOWN.  16. DATE OF BURTLAL COLUMNEY MALE OF TOWN.  17. AGE YEARS MONTHS DAYS II LESS than I death of the date stated above, st			ED, WIDOWED OR	17.		1 1
THE CAUSE OF DEATH WAS AS FOLLOWS:  7. AGE YEARS MONTHS DAYS HESS than I BY A SAN THE CAUSE OF DEATH WAS AS FOLLOWS:  8. OCCUPATION OF DECEASED  (a) Trade, profession, or perfected kind of work.  (b) General nature of industry, business, or catabilishment in which employed (cremployer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER CITY OR FOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR FOWN)  (STATE OR COUNTRY)  12. MAJDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. MAJDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAJDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  16. WHERE WAS DISEASE CONTRACTED  17. HOT AT PLACE OF DEATH.  (DID AN OPERATION PRECEDE DEATH.  (STATE ON COUNTRY)  WAS THERE AN AUTOPSY!  (STATE OR COUNTRY)  18. WHERE WAS DISEASE CONTRACTED  19. FIND AT PLACE OF DEATH.  (Maddress)  (STATE OR COUNTRY)  MAD DEATH.  (STATE OR COUNTRY)  MAD DEATH.  (Address)  (STATE OR COUNTRY)  MEANS AND NATORN OF LAUREY, and (2) whether Acceptival, Businest, or Mother Acceptival, Businest, o	5a.	IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WAFFOR A ALLS A A	12,000	that I last saw h.Co alive	,19.0 g, to; OC	19.//
7. AGE YEARS MONTHS DAYS II LESS than I day, hrs. or min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or perticular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER CITY OR FOWN)  (STATE OR COUNTRY)  12. MAUDEN NAME OF FATHER (CITY OR FOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. MAJEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  15. MAJEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  16. WHAT TEST CONFIRMED MAGNOSTY, MA D  (Signed) BUT DATE, or in deaths from Violanty Capers, state  (Many May There and Nations of Laurer, and (2) whether Accelerate, Succession or Homicania. (See reverse side for additional space.)  16. WHAT TEST CONFIRMED DEATHS CATENA DATE, or in deaths from Violanty Capers, state  (Many May There and Nations of Laurer, and (2) whether Accelerate, Succession or Homicania. (See reverse side for additional space.)  16. WHAT TEST CONFIRMED DEATHS CATENA DATE, or in deaths from Violanty Capers, state  (Many May There and Nations of Laurer, and (2) whether Accelerate, Succession or Homicania. (See reverse side for additional space.)  16. WHAT TEST CONFIRMED DEATHS.  (Sidned) BUT ACCELERATION, OR REMOVAL DATE OF BURIAL CAPERS, STATE  (Many May There are additional space.)	 6.	DATE OF BIRTH (MONTH, DAY AND YEAR)	846			
8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER CUTY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAJHEN NAME OF MOTHER TOWN  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER TOWN  (STATE OR COUNTRY)  (STATE OR COUNTRY)  14. INFORMANT SAMUL SO PLANE  15. STATE OF COUNTRY)  16. WHERE WAS DISEASE CONTRACTED  17. NO OF FATHER CUTY OR TOWN  (Signed) POL:  (Signed) POL:  (Signed) POL:  (Signed) POL:  (State OR COUNTRY)  (STATE O	7.	AGE YEARS MONTHS DAYS	H LESS than 1	THE CAUSE OF D	EATH* WAS AS FOLLOWS:	a #7
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer).  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN).  (STATE OR COUNTRY)  10. NAME OF FATHER (CITY OR FOWN).  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR FOWN).  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER GLOW OR TOWN).  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER GLOW OR TOWN).  (STATE OR COUNTRY)  14. INFORMANT SATURATION OF TOWN).  (STATE OR COUNTRY)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  16. MAINS AND NATURE OF JUNEAU, Commentation of Surgicial Comments.  16. Mains and Nature of Junear, and (2) whether According to Household Comments. Surgicial Comment		68		Commen	By cles	non
(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER MALLOAD TRONG WAS THERE AN AUTOPSYL.  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAUDEN NAME OF MOTHER TRONG WAS AND NATURE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT SATURATION OF TOWN  (STATE OR COUNTRY)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address) Bartlett  16. WHERE WAS DISEASE CONTRACTED  IF NOT AT PLACE OF DEATH.  (DID AN OPERATION PRECEDE DEATH.  (Signed) POLITICAL  (Signed) POLITICAL  (Signed) POLITICAL  (STATE OR COUNTRY)  *State the DISEASE CAUSING DEATH, or in deaths from Violence Accesses, state  (STATE OR COUNTRY)  16. WHERE WAS DISEASE CONTRACTED  WAS THERE AN AUTOPSYL.  (Signed) POLITICAL  (Signed) POLITICAL  (STATE OR COUNTRY)  *State the DISEASE CAUSING DEATH, or in deaths from Violence Accesses, state  (STATE OR COUNTRY)  16. WHERE WAS DISEASE CONTRACTED  WAS THERE AN AUTOPSYL.  (Signed) POLITICAL  (Signed) POLITICAL  (STATE OR COUNTRY)  *State the DISEASE CAUSING DEATH, or in deaths from Violence Accesses, state  (STATE OR COUNTRY)  14. INFORMANT SATURATION, OR REMOVAL  (Address) Bartlett  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address) Bartlett  16. WHERE WAS DISEASE CONTRACTED  WAS THERE AN AUTOPSYL.  (Signed) POLITICAL  (Signe	$\sim$ 1/1/4/ $\sim$ 1			of Kad	my p	
Dusiness, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER CULTY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAUDEN NAME OF MOTHER PLACE OF TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT SATURAL STATES (CITY OR TOWN)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address) Battlett  16. Where was disease carracted  17. Not at place of deaths.  (State or country)  (St					(duration)yı	rsdg,
(c) Name of employer  9. BIRTHPLACE (CITY OR TOWN) AS A STATE OR COUNTRY)  10. NAME OF FATHER SALLAGE STATE (CITY OR TOWN)  (STATE OR COUNTRY) SALLAGE STATE (CITY OR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) SALLAGE STATE (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER SLOWE STATE (CITY OR TOWN)  (STATE OR COUNTRY) SALLAGE STATE (CITY OR TOWN)  (STATE OR COUN						
9. BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER CULTOR TOWN)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAUDEN NAME OF MOTHER TRANSPORT  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  15. SAMUEL  16. WHERE WAS DISEASE CONTRACTED  16. WHERE WAS DISEASE CONTRACTED  17. INFORMANT  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  18. WHERE WAS DISEASE CONTRACTED  19. PLACE OF BEATH.  10. DATE OF MOTHER OF LOWER OF LAND OF					(duration) y	rsds.
(STATE OR COUNTRY)  10. NAME OF FATHER MULLIONA TOWN THE WAS THERE AN AUTOPSYL. NO.  11. BIRTHPLACE OF FATHER (CITY OR FOWN)  (STATE OR COUNTRY) MONTHER TOWN TOWN (Signed) DEATH, or in deaths from Violant Caches, state (State or Country) Town (St	(c) Name of employer			18. Where was disease contracted		
11. BIRTHPLACE OF FATHER (CITY OR FOWN)  (STATE OR COUNTRY)  12. MALDEN NAME OF MOTHER PLOT POPOL  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  15. MALDEN SAMELL  16. PARTICIPAL  (Address)  (Bartlett  (CITY OR TOWN)  (Signed)  (Signed)				,		
WAS THERE AN AUTOPSY!. NO.  WHAT TEST CONFIRMED PRAGNOSTS. SALVANDER, M. D  (STATE OF COUNTRY) MOTHER COTY OF TOWN).  12. MAINEN NAME OF MOTHER CITY OF TOWN).  (STATE OF COUNTRY) SALVAND.  (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, or Homicidal. (See reverse side for additional space.)  14. INFORMANT SALVAND.  (Address) BATLL M. D  15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  (Address) BATLL M. D  16. D  17. D  18. D  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  (Address) BATLL M. D  19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL		10 NAME OF FATHER - P// - ~ A	Dec A	DID AN OPERATION PRECI	EDE DEATHING DATE OF	•••••••••••
(Signed) PD (Address)		much pro	240000	WAS THERE AN AUTOPSY	NO.	
12. MALDEN NAME OF MOTHER GLOR POROS  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT Samuly Death Death of Burial (See reverse side for additional space.)  15. PLACE OF BURIAL (REMATION, OR REMOVAL DATE OF BURIAL (Address) Battlett Mother According to 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) Battlett Mother According to 19. PLACE OF BURIAL (Remation, OR REMOVAL DATE OF BURIAL (Address) Battlett Mother According to 19. PLACE OF BURIAL (Remation, OR REMOVAL DATE OF BURIAL (Address) Battlett Mother According to 19. PLACE OF BURIAL (Remation, OR REMOVAL DATE OF BURIAL (Address) Battlett Mother According to 19. PLACE OF BURIAL (Remation, OR REMOVAL DATE OF BURIAL (Address) Battlett Mother According to 19. PLACE OF BURIAL (Remation, OR REMOVAL DATE OF BURIAL (Address) Battlett Mother According to 19. PLACE OF BURIAL (Remation, OR REMOVAL DATE OF BURIAL (Address) Battlett Mother According to 19. PLACE OF BURIAL (Remation, OR REMOVAL DATE OF BURIAL (Address) Battlett Mother According to 19. PLACE OF BURIAL (Remation, OR REMOVAL DATE OF BURIAL (Address) Battlett Mother According to 19. PLACE OF BURIAL (Remation, OR REMOVAL DATE OF BURIAL (Address) Battlett Mother According to 19. PLACE OF BURIAL (Remation, OR REMOVAL DATE OF BURIAL (Remation) (Rematical Rematical Remati	<b>C</b>	(STATE OR COUNTRY) North Carloling				
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT Samul D. Place  (Address)  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  16. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  (Address)  (Address)  (Address)  (Address)				,		, м. р
(STATE OR COUNTRY) GROAGIA (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, or Horizonal. (See reverse side for additional space.)  14. INFORMANT Samul D. Price (Address) Bartlett Mo Bartlett William Community / 15 1919		13 RIPTHPI ACE OF MOTHER (CITY OF TOWN)	- V		17.11 (2.1.20)	n Vice pur Carrens state
INFORMANT DATE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) Bartlett Mo Bartlett William Communing 11-16 1919		(n		(1) MEANS AND NATURE	or INJURY, and (2) whether A	COMMENTAL, SUICIDAL; OF
15. Davide Price Communicary 1 1917	14.	INFORMANT Samuel D. Phr	ici	19. PLACE OF BURIAL, C	REMATION, OR REMOVAL	DATE OF BURIAL
15.		(Address) Bartlett 1	no	Roadlett Wasin	Till Comment	11-76 1019
	15.	Francot 17, 1919 a flancie	1114.6		· · · · · · · · · · · · · · · · · · ·	ADDRESS
REGISTRAR FOR ONE MULTING		ruent finte fint to the state of the state o	REGISTRAR	tonu	one	huite mo

## 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, Locomolive 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

"Tyr hold 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 noeplasms); Measles; Whooping cough; Chronie 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, SUICIDAL, 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.)

Norz.—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, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, 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.