MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

		TAL STATISTICS	うごや リに	
	L-A CERTIFICAT	TE OF DEATH	35075	
1	PLACE OF DETTH	637		
	County Registration District	No	Pile No.	
	Township Primary Registration	District No (O.B. 4	Refintered No.	
	City //Cedan Front		St	
2	FULL NAME John Freder	esc Houl	<u></u>	
	(a) Residence. No	Ward.	***************************************	
L	(Usual place of abode) ength of residence in city or town where death occurred yra. mos.	ds. How long in U.S., if of f	onresident give city or town and State) oreign birth? yrs. mos. ds.	
	PERSONAL AND STATISTICAL PARTICULARS	/ MEDICAL CERT	TIFICATE OF DEATH	
3.	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH (MONTH, DAY A	UND YEAR) 2152 14 1925	_
2	uche white married	17.		
5a	IF MARRIED, WIDOWED, OR DIVORCED	MILL FOUR THE	That I attended deceased from	_
	HUSBAND OF (OR) WIFE OF		77 /4 P19 2V, and that	
	- Janue Henen	death occurred, on the date stated shove,	at 10'40m	
	DATE OF BIRTH (MONTH, DAY AND YEAR) May 15-1889	THE CAUSE OF DEATHS WAS		
7.	AGE YEARS MONTHS DAYS II LESS than 1 day,	Neabetic	Corre	
	35 8 29 day,	/	· Serie	
	OCCUPATION OF DECEASED	5		
٥.	(a) Trade, profession, or	24 M		
	particular hind of work Aarree	0.1	(duration) yrs. mas. do,	
	(b) General noture of industry,	CONTRIBUTORY Available (SECONDARY)	es matelies	
	business, or establishment in which employed (or employer)	(SECULDARY)	(duration) 2 yrs. mea. do.	
	(c) Name of employer		(durama)yrs	
_	30. 10-	18. WHERE WAS DISEASE CONTRACTED	110. 11 40	,
9.	(STATE OR COUNTRY)	IF NOT AT PLACE OF DEATHY	in place of dealer	_
		DID AN OPERATION PRÉCEDE DEATHS.	246. DATE OF.	
	10. NAME OF FATHER John Sounds	Was there an autopsyl	S. D. Jan.	
ψ'n	11. BIRTHPLACE OF FATHER (CITY OR TOWN)	WHAT TEST CONFIRMED DIAGNOSIST	Blitigtory	
N.	(STATE OR COUNTRY) , MG	(Signed) W.J.	We Weekting M. D.	
PARENTS	12 MAIDEN NAME OF MOTHER Salling Cory	, 19 (Address)	Aolem, repo.	
	13. BIRTHPLACE OF MOTHER (CITY OR TOUN)		ATE, or in deaths from Violentz Capara, state	
	(STATE OR COUNTRY) UCD	(1) MEAND AND NATURE OF INJURY, HOMICIDAL. (See reverse side for addition	and (2) whether Accidingers, Suicidal, or malapace.)	
14.	Woodson Richard Mendellan	19. PLACE OF BURIAL CREMATION		
	(Alica) Cedar Horr U.G.	At al Res	your 1//15 1928	
15.	11/15 11/15 70100/1 4-	20. UNDERTAKER	APPRESS	
	FILED 192	- Constitute	- Indiana	
	/ REGISTRALY	1 none		

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 DISCASE 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, peritoncum, etc., Carcinoma, Sarcoma, etc., of————(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); 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 or 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.)

Norn.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in Now 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, celiuitis, childbirth, convulsions, hemorrhage, gangrene, gastritio, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiobitis, pyemia, cepticemia, tetanus," But general adoption of the minimum list suggested will work vast improvement, and its ccope can be extended at a later date.

1. PLACE OF DEATH Censy. Primary Referentian District No. 637 File No. 1000 City.			BUREAU OF VI	BOARD OF HEALTH ITAL STATISTICS TE OF DEATH ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.
(g) Residence, New (Gurus place of abode) Leafin of residence, New or where death accurred yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. How loog in U.S., If of foreign herit? yra. 10000000 da. How loog in U.S., If of foreign herit? yra. 1000000 da. 115. S. SEX	ESCRIBED BY		County Sha Registration District Township Scale (No. (No. (No. (1997)))	District No. 6084 Bedistered No.
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HOMICIDAL. (See reverse side for additional space.) 14. INFORMANT Ri shard Mandelhaugh 19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) Cada Grove Sheel Grove Yard Nar / 5 19 2:	NOT	CC 1		(Siesed) a, J. me mention, M.D
INFORMANT (Se Maid Mandelland In 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) Cadan Grove Sheef Grove Yard Nar 15 19 23			DE .	(1) MEANS AND NATURE OF INJURY, and (2) whether Accedental, Suicidal, or
15. FUED MOUST 1925 MAC. Clem Dorley 20. UNDERTAKER ADDRESS	TRA			04 10
	REGIS	15.		

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