53. If MARRIED, WIDOWED, OR DIVORCED HUSSAND OF OTHER  6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug /6 - 1884  7. AGE YEARS MONTHS DAYS II LESS than 1 day, brace of months of mon	MISS	SOURI STATE BO BUREAU OF VITA CERTIFICATE		H /
Towards And STATISTICAL PARTICULARS  S. L. COLOR OR RACE S. Since Manner Woods of Death (isomeridate give city or town and State)  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR RACE S. Since Manner Woods of Death (isomeridate)  S. SEX  4. COLOR OR RACE S. Since Manner Woods of Death (isomeridate)  S. Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND OF CHARLES S. Since Manner Woods of Death (isomeridate)  MISSIND O	1. PLACE OF DEATH	· Cit		m = 11709
Township. Township. (No. 1974 N. C. S. 1974 N. C. S. S. (No. 1974 N. C. S. S. (No. 1974 N. C. S. S. (Usual place of abode)  2. FULL NAME. S. (Usual place of abode)  1. Length of residences. No. 1974 N. C. S. (Usual place of abode)  1. Length of residences in city or town where death occurred yrs. 1995.  1. Length of residences in city or town where death occurred yrs. 1995.  1. Length of residences in city or town where death occurred yrs. 1995.  1. Length of residences in city or town where death occurred yrs. 1995.  1. Length of residences in city or town where death occurred yrs. 1995.  1. Length of residence in city or town where death occurred yrs. 1995.  1. Length of residence in city or town and State)  2. FULL NAME. S. (Usual place of abode)  1. Length of first in the city of foreign behind yrs. 1995.  3. SEX	County	Registration District No.	, T/	File No.
City State on Country Control of Pather City on Town And Teams States Control	$\Delta$ $\Omega$	Primary Resistration Dist	rict Ng	Begistered No. 235
2. FULL NAME SALAS S. B. G.K.C.R. SALAS S. Ward.  (a) Besidences, No. 152 (Usual place of a boold)  Length of recolors in city or two where death occurred  The mean of the second of th	77 1	(2)	TLOSES	St
(a) Residence to device a body Length of residence in city or town and State)  Length of residence in city or town where death occurred 775 mos.  DEPRIONAL AND STATISTICAL PARTICULARS  S. SEX  A. COLOR OR RACE  DIVORED Contribute operations of the contribute operation of Divorence Contribute operations of the contribute operation operation of the contribute operation op			1.	
(Usual place of a block)  Length of readence in city or town where death occurred  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED OR DOWNSED (orly the weet)  175.  SA. 17 MARRIED, WIDOWED, OR PACE  5. SINGLE, MARRIED, WIDOWED OR DOWNSED (orly the weet)  176.  SA. 18 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  177.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  178.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  179.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  170.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  170.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  170.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  170.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  170.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  170.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  170.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  170.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  170.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  171.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  172.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  173.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  174.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  175.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  176.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  177.  18 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  178.  MET CAUSE OF DEATH! (WORTH, DAY AND YEAR)  179.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  179.  SA. 19 MARRIED, WIDOWED, OR DOWNSED (orly the weet)  179.  SA. 19 MARRIED, WIDOWED, OR DOWNSED, O	2. FULL NAME CALL S. B	<u>gaker</u> JAM	مسلم ب	
Length of residence in city or town where death occurred	(a) Residence. No.	england St.		(If nonresident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED OR DIVINGED (evil the vector)  7. MARRIED, WIDOWED, Og DIVINGED  SA. 17 MARRIED, WIDOWED, Og DIVINGED  SA. 18 MARRIED, WIDOWED, Og DIVINGED  SA. 19 MARRIED, MICHAEL BOY, DATE OF DEATH  SA. 19 MARRIED, WIDOWED, Og DIVINGED  SA. 19 MARRIED, WIDOW	Length of residence in city or town where death occurred	yrs. mos.	ds. How long in U.S.,	if of foreign birth? yrs. mos. ds.
Male White Marked Wilders of Divosced Cord of Marked Shall see seed of	PERSONAL AND STATISTICAL PAI	RTICULARS	2 MEDICAL	CERTIFICATE OF DEATH
Male White Morried Towns of Divorce (cert if execution of Marical Towns of Missand or Constitution of Constitu	3. SEX . I 4. COLOR OR RACE   5. SING	E. MARRIED, WIDOWED OR	S DATE OF DEATH Summer	10 31
HEREBY CERTIFY, That I attended deceased from   19.71, to   19.71, and that   19.71, to	Divo	RCED (ments the stord)		DAT ARD TEAR) //(U/A - O 19 3)
55. IP MARRIED, WILDOWED, Og DIVORED  (OR) WIFE OF CHALL  6. DÂTE OF BIRTH (MONTH, DAY AND VEAR) Que / 6 - / 8 8th  7. AGE YEARS MONTHS Que / 6 - / 8 8th  THE CAUSE OF DEATH* WAS AS FOLLOWS:  THE CAUSE OF DEATH* WAS AS FOLLOWS:  THE CAUSE OF DEATH* WAS AS FOLLOWS:  (a) Trade, profession, or perfusion, or perf	Mile   While   //	yarruu		TIFY. That I attended decreased from
that I last saw h	5A. IF MARRIED, WIDOWED, OR DIVORCED	, -	2-28	19.71, 6 3 - 5 , 19.5 /
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Ques   6 -   884    7. AGE YEARS MONTHS DAYS II LESS than I day, hars will be seen a second of the control of the con	(or) WIFE of the	aves .	at I last saw h	3-5-, 193/, and that
7. AGE YEARS MONTHS DAYS HI LESS than 1 day,	0_0	de	ath occurred, on the date stated a	bore, at
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)  9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER TOWN  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  14. HOROMANT  15. STATE OR COUNTRY)  16. WHAT TEST CONFIRMED PLANTS OF INJURY, and (2) whether Accelerate, Business, take (Maddress)  14. HOROMANT  15. STATE OR COUNTRY)  16. MARS AND NATURE OF BURIAL CREMATION, OR REMOVAL  17. PLACE OF BURIAL CREMATION, OR REMOVAL  18. WHAT TEST CONFIRMED PLANTS OF INJURY, and (2) whether Accelerate, Business, Country  19. PLACE OF BURIAL CREMATION, OR REMOVAL  19. PLACE	6. DATE OF BIRTH (MONTH, DAY AND YEAR) aug	16-1884	THE CAUSE OF DEATH	I≠ was as follows:
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General noture 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  11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  14. INFORMANT  15. INFORMANT  16. OCCUPATION OF DECEASED (doration) (doration) (STATE OR COUNTRY)  16. OCCUPATION OF DECEASED (doration) (STATE OR COUNTRY)  17. OCCUPATION (STATE OR COUNTRY)  18. WHERE WAS PASSES CORPORATED (STATE OR COUNTRY)  WHAT TEST CONTRIBED GAGNOSIST  (Signed) (STATE OR COUNTRY)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  ADDRESS 37 6.3	7. AGE YEARS MONTHS DA	1	Hodahi	us' Disease
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8. OCCUPATION OF DECESSED (a) Trade, profession, or perticular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  14. INFORMANT  15. INFORMANT  16. Address  16. CHARLES  17. CONTRIBUTORY (SECONDARY)  18. WHERE WAS INSEAS CONTRACTED  18. WHERE WAS INSEAS CONTRACTED  19. POT AT PLACE OF DESERVE DEATH.  10. DATE OF  WAS THERE AN AUTOPSYL.  State the DISBASII CAUSING DEATH, or in deaths from Violatin Causes, state  (1) Means and Nature of Leuing, and (2) whether Accidental, or Homicidal. (See reverse side for additional space.)  14. INFORMANT  (Address)  15. ON 37  WAS THERE  16. Address  17. CAUSEN, state  18. WHERE WAS INSEAS CONTRACTED  19. NAME OF DEATH.  10. DATE OF MOTHER  10. NAME OF FATHER  (CITY OR TOWN)  (Sidued)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (State the DISBASII Causing Death, for in deaths from Violating Causes, state  (1) Means and Nature of Leuing, and (2) whether Accidental, or Homicidal.  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  20. UNDERTAKER  20. UNDERTAKER			724	· · · · · · · · · · · · · · · · · · ·
(a) Trade, profession, or perfective kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  9: BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (STATE OR COUNTRY)  15. INFORMANT  (Address)  16. INFORMANT  (Address)  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  18. WHERE WAS ISSEAR CONFIRMED (STATE OR DEATH).  (STATE OR COUNTRY)  (STATE OR COUNTRY)  (Signed)  (Signed)  (STATE OR COUNTRY)  (S	8. OCCUPATION OF DECEASED	ļ		
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business, or establishment in which employed (or employer)  9: BIRTHPLACE (CITY OR TOWN)  10. NAME OF FATHER AMUSE  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  15. CAUCA  16. CECONDARY)  18. WHERE WAS ISSEAS! CONTRACTED  18. WHERE WAS ISSEAS! CONTRACTED  19. DATE OF DEATHY  19. DATE OF DEATHY  10. DATE OF BURIAL (Address)  10. NAME OF FATHER (CITY OR TOWN)  11. BIRTHPLACE OF MOTHER (CITY OR TOWN)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  14. INFORMANT  15. DATE OF BURIAL (REMATION, OR REMOVAL)  16. DATE OF BURIAL (Address)  17. DATE OF BURIAL (Address)  18. WHERE WAS ISSEAS! CONTRACTED OF DATE OF D	2 1		CONTRIBUTORY Perl	monan prolema
which employer (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  What test confirmed planness?  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (State or Country)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (Signed)  (Signed)  (State or Country)  14. INFORMANT  (Address)  (STATE OR COUNTRY)  15. COUNTRY)  16. (Address)  (STATE OR COUNTRY)  17. (Address)  (STATE OR COUNTRY)  18. WHERE WAS JISEASE CORPRACTED  IF NOT AT PLACE OF DEATH. To D. DATE OF  WAS THERE AN AUTOPSY!  WHAT TEST CONFIRMED PLANNESS TO INCOME. TO INCOME. ACCOUNTRY CAUSES, state  (Signed)  (STATE OR COUNTRY)  18. WHERE WAS JISEASE CORPRACTED  WAS THERE OF DEATH. To D. DATE OF  WAS THERE AN AUTOPSY!  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (STATE OR COUNTRY)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  ADDRESS 3763	haviness or establishment in	_ + /	(SECONDARY)	<i>J</i>
9: BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER Ames J. Ques  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. CALLED TOWN  16. WHERE WAS BISELE CORPORATED  IF NOT AT PLACE OF DEATHY  (SIGNED)  WAS THERE AN AUTOPSY:  WHAT TEST CONFIRMED DIAGNOSIST  (Signed)  (Signed)  State the DIBBABII CAVEING DEATH, Or in deaths from Violent Caubies, state  (1) Means and Nature of Injury, and (2) whether Accedental, Suicidal, or  HOMICIDAL (See reverse side for additional space.)  14. INFORMANT  (Address)  15. Where was BISELE CORPORATED  IF NOT AT PLACE OF DEATHY  WAS THERE AN AUTOPSY:  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (State OR COUNTRY)  (Signed)  (So Investigation of Injury, and (2) whether Accedental, Suicidal, or  HOMICIDAL (See reverse side for additional space.)  16. WHERE WAS BISELE CORPORATED  WAS THERE OF DEATHY  WAS THERE AN AUTOPSY:  (Signed)  (M. I.  (Address)  (Signed)  (S	which employed (or employer) / Nu. em	<u> </u>		(faragon)
9: BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER AMOUNT OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER CITY OR TOWN)  (STATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. COUNTRY  17. NOT AT PLETE OF DESAMING.  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  (Signed)  (Signed)  (Mains and Nature of Injury, and (2) whether Accedental, Buildial, or Homicidal. (See reverse side for additional space.)  16. ON THE OF BURIAL (CREMATION, OR REMOVAL)  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  18. ON THE OF DESAMING.  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  (Address)  20. UNDERTAKER  20. UNDERTAKER	(c) Name of employer	·	18. WHERE WAS DISEASE CONTRACT	
DID AN OPERATION PRECEDE DEATHY.  10. NAME OF FATHER Ames  11. BIRTHPLACE OF FATHER (CITY OR TOWN).  (State OR COUNTRY)  12. MAIDEN NAME OF MOTHER CITY OR TOWN).  (State OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN).  (State OR COUNTRY)  14. INFORMANT  (Address)  15. DID AN OPERATION PRECEDE DEATHY  WAS THERE AN AUTOPSYY.  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  (I) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Buildial, or Homicidal. (See reverse side for additional space.)  14. INFORMANT  (Address)  15. DATE OF BURIAL  (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  (Address)  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  DATE OF BURIAL  (Address)  20. UNDERTAKER  (ADDRESS 5,76.5)	O' RIDTHELACE (CITY OF TOWN)		, , , , ,	الأصلا المسا
10. NAME OF FATHER AME TO SOLVE WAS THERE AN AUTOPSY!	9/1/2 - :		E EE.	-
WAS THERE AN AUTOPSY!  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)			DID AN OPERATION PRECEDE D	EATHY. TAO. DATE OF
(Signed), M. E  12. MAIDEN NAME OF MOTHER TOMME  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  15. (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Address)  4 State the Dibbash Cawding Death, or in deaths from Violate Cavers, state  (1) Means and Nature of Injury, and (2) whether Accidental, Buicidal, or Homicidal. (See reverse side for additional space.)  14. INFORMANT  (Address)  15. (Signed)  (Address)  4 State the Dibbash Cawding Death, or in deaths from Violate Cavers, state  (1) Means and Nature of Injury, and (2) whether Accidental, Buicidal, or Homicidal. (See reverse side for additional space.)  15. (2) UNDERTAKER  20. UNDERTAKER  20. UNDERTAKER  4 ADDRESS 5.7 6.3	10. NAME OF FATHER ames U	· yours	WAS THERE AN AUTOPSYZ	-yer
(Signed), M. I  12. MAIDEN NAME OF MOTHER TOMME  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT	11 BIRTHPLACE OF EATHER (CITY OF TOWN)	U	WHAT TEST CONFIRMED ATTAGM	OSIST autopos
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  14. INFORMANT  (Address)  503  Whether Accedence Land (2) whether Accedence Land (3) whether Accedence Land (4) Means and Nature of Injury, and (2) whether Accedence Land (6) Weaks and Nature of Injury, and (2) whether Accedence Land (6) Weaks and Nature of Injury, and (2) whether Accedence Land (6) Weaks and Nature of Injury, and (2) whether Accedence Land (3) Weather Accedence Land (4) Weather Accedence Land (4) Weather Accedence Land (5) Weather Accedence Land (6) Weather Accedence Land (6) Weather Accedence Land (7) Weather Accedence Land (8) Weather Accedence Land (9) Whether Accede	(STATE OR COUNTRY)	0: 0 : 1		1 - (6/11/4/2
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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) Groccry; (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

"Typhoid pneumonia"); Lobar pneumonia: Broachopneumonia ("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 neoplasma); 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 peritonitie," etc. State cause for which surgical operation was undertaken. VIOLENT DEATHS State MEANS OF INJURY and qualify AS ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS 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, crysipelas, meningitis, miscarriage, necrosis, peritonitis, phlobitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work wast improvement, and its scope can be extended at a later date.

Additional space for further statements by Physician.