MISSOURI STATE BOARD OF HE PLACE OF DEATH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH181 County Village Primary Registration District No. Or [If death occurred in a City hospital or institution. 'sp...... give its NAME instead of street and number) 'Elmotana'. Homicidal. PERSONAL AND STATISTICAL PARTICULARS อากา เลอสมอร์ MEDICAL CERTIFICATE OF DEATH SINGLE 8EX COLOR OR RACE DATE OF DEATH MARRIED WIDOWED G 'W'..... OR DIVORCED (Month) Write the word) DATE OF BIRTH I HEREBY CERTIFY, that I attended deceased from (Month) (Day) (Year) •=p..... AGE If LESS than I dayhrs and that death occurred, on the date stated above, at. or___mln.? The CAUSE OF DEATH* was as follows: OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) · constant BIRTHPLACE181 (City or town," (Duration) State or foreign country) Contributory NAME OF mori bess (SECONDARY) FATHER (Duration BIRTHPLACE (Signed) **ARENT8** OF FATHER (City or town, State or foreign country) (Address) MAIDEN NAME *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR inadmun bas BIRTHPLACE RECENT RESIDENTS) OF MOTHER besten JMA (City or town, State or foreign country) In the At place /o of death /o yrs ___ mos / __ds. r prelitution, Stateyrs ... e ni barrusso THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted if not at place of death?. (Informant) Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (ADDRESS) في 191 ، UNDERTAKER Filed **REGISTRAR**

Compositor, Archieci, Locomordo 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 wousewife, Housework, or At home, and children, not gain all 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.

(name origin; "Cancer" is less definite; avoid meninges, peritonacum, etc., Carcinoma, Sarcoma, etc., ol monia," unqualified, is indefinite); Tuberculosis of lungs, monia"); Lobar pneumonia; Bronchopneumonia ("Pneu-"Croup"); Typhoid fever (never report "Typhoid pneucerebrospinal meningitis"); Diphtheria (avoid use of brospinal fever (the only definite synonym is "Epidemic accepted term for the same disease. Examples: Cerespect to time and causation), using always the same DISEASE CAUSING DEATH (the primary affection with re-Statement of cause of death.-Name, first, the pation whatever, write None. Farmer (relired, 6 yrs.) For persons who have no occutired from business, that fact may be indicated thus: -a. II ssaulii to Butuut3ad is nortednooo areis 'hivad Collapse, 'Coma,' 'Convulsions,' 'Debility' ('Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which surgical operation For VIOLENT DEATHS state MEANS OF was undertaken. INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMI-CIDAL, or as probably such, if impossible to determine 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.)