1 PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH				
Cour	nty Franklin		1 April		00000		
Town	nahip Calry	Registration Distric		File No	39383		
Villa	. Olarovil	Primary Registrati	on District No. 24/6	Registered No			
or City	Mo	(NO,	St.;	Ward)	Ill death occurred in a hospital or institution,		
	His	and Fynd			give its NAME instead of street and number.]		
	2FULL NAME 1/2/		-2				
	PERSONAL AND STATIS	TICAL PARTICULARS .	I	CERTIFICATE OF	DEATH		
Ma	ale White	MARRIED WIDOWED OR DIVORCED (Write the work)	16 DATE OF DEATH	Sept.	2.8 191 (Year)		
6 DAT	E OF BIRTH		17 I HEREBY CE	ERTIFY, that I a	ttended deceased from		
	Month)	(Day) 1 8 4 4	any 49 19	16 10 Ne	2 P . 1916		
7 AGE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	If LESS than	that I last saw h	/	ري 191. /2		
	172	mos. 2. de. ormin.?	and that death occurred, on the date stated above, atm. The CAUSE OF DEATH* was as follows:				
(a) 7	CUPATION Trade, profession, or icular kind of work	armer 136	1				
(b) (General nature of industry	151	plicem	ice-Slar	ling locally		
whic	th employed (or employer)	3/	by trauma	ofthird	finger of RHouse		
(City	THPLACE or town, or foreign country) Clarks	burg W. Va	ll in the second of the second	ration)yrs			
	10 NAME OF James	Lynch	(Secondary)	ration), // yrs	mos ds.		
PARENTS	11 BIRTHPLACE OF FATHER (City or town, State or foreign cou	Mest- Va	(Signed) 1916	(Address) Cal	aurssa Mo		
	12 MAIDEN NAME OF MOTHER Calher	ine Jane Stout	*State the Disease Cousin (1) Means of Injury; and (2	· · · · · · · · · · · · · · · · · · ·	from Violent Causes, state , Suicidal or Homicidal.		
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign fountry)		18 LENGTH OF RESIDENCE or Recent Residents) At place	In the			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			of deathyrsmos Where was disease contre	acted	yrsds.		
			if not at place of death? Former or				
	Potes	Lorrale Ma	usual residence				
15	(Address)		10 PLACE OF BURIAL OF RE	MOVAL	9 3 /) 191 6		
	led 9/29 1916	AMALUS Registrar	20 UNDERTAKER	In a	atawisa		
				// 	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, 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 yrs.) For persons who have no occupation whatever, write None.

use of "Tumor" for malignant neoplasms); 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," "Anaemia" (merely symptomatic), "Atrophy," "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 beritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMI-CIDAL, 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.)

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	PERSONAL AND STATISTI	CAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
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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; Bronchopneumonia ("Pneumonia," unqualified, is indefinite);

Tuberculosis of lungs, meninges, peritonacum, etc., Carcinoma, Sarcoma, etc. of (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); 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), 29ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "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 was undertaken. For violent deaths state means OF INJURY and qualify as ACCIDENTAL, SUICIDAL OF 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.)