1. PLACE OF DEATH COMMENT OF ACTION OF PETALER (NOT OR TOWN) COMMENT OF PATHER (NOT OR TOWN) 1. BIRTHPLACE OF PATHER (CITY OR TOWN) 2. BIRTHPLACE OF PATHER (CITY O		CERTIFICATE OF DEATH
Threading. The making. The ma	$O(6Q_{c}l_{c})$	1/9
CITY FULL NAME B TRUM COADMY 2: FULL NAME B TRUM COADMY (i) Resistence in city of standard of shooted true o	County	Registration District No
2: FULL NAME: B PROMITE GARDELY (a) Besidence, No. (b) Besidence, No. (c) Chiral place of abode) Length of profiles to day of thom where death occurred yn. 100. Dength of the profiles to day of them where death occurred yn. 100. DENGTH of the profiles be the yord of t	Township	Frimery Registration District No. 4.5.4. Registered No.
(a) Resistance No. (Usual piece of abode) (Usual pie	av ElDarado thop. (No.	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED OR DIVORCED (wright the yord) 15. ALT MARRIED, WIDOWED, OR DIVORCED (wright the yord) 16. DATE OF DEATH (MONTH, DAY AND TEAR) 6. DATE OF BIRTH (MONTH, DAY AND TEAR) 17. MER REBY CERTIFY. That I attempted deceased from the USBAND or (ORLEWAGE or Source) 6. DATE OF BIRTH (MONTH, DAY AND TEAR) 18. OCCUPATION OF DECEASED (a) Trade, protession, or perfocuse had do stated above, bit. (b) General nature of industry, humbers, or establishment in which employed (or amployer) (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BATCH 10. NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MARGINE COLUMN 11. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MARGINE COLUMN 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MARGINE COLUMN (Margin and D. NATURE OF LINEAR STOCKARD) 14. INTERNALL OF OR MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MARGINE COLUMN 15. PLACE OF BURIAL CREMATION, OR REMOVAL 16. DATE OF DEATH (MONTH, DAY AND TEAR) 17. MEDICAL CERTIFICATE OF DEATH (MONTH, DAY AND TEAR) 18. DATE OF DEATH (MONTH, DAY AND TEAR) 19. MEDICAL CERTIFICATE OF DEATH (MONTH, DAY AND TEAR) 19. MEDICAL CERTIFICATE OF DEATH (MONTH, DAY AND TEAR) 19. MEDICAL CERTIFICATE OF DEATH (MONTH, DAY AND TEAR) 19. MEDICAL CERTIFICATE OF DEATH (MONTH, DAY AND TEAR) 19. MEDICAL CERTIFICATE OF DEATH (MONTH, DAY AND TEAR) 19. MER E BY CERTIFY, That I attempted deceased from Tear of the Country of	2: FULL NAME B Frank C	assity
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WILDOWED OR DIVIDENCE (error to the yord) MALE WILL WARRIED, WILDOWED OR DIVIDENCE (error to the yord) 5. If Married, WILDOWED, OR DIVIDENCE (error to the yord) 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAY 11 LESS than 1 day, bra. 12 COLUPATION OF DECEASED (a) Trade, protession, or perfecular kind of work (b) General nature of industry, husbers, 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 TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF FOTHER (CITY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INTERNATION (Address) 15. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF MADRESS 16. DATE OF DEATH (MONTH, DAY AND YEAR) (MERCHANT (MONTH) AND AND YEAR) (MET I but care where the yord) 16. DATE OF DEATH (MONTH, DAY AND YEAR) (MET I but care where the yord) 16. DATE OF DEATH (MONTH, DAY AND YEAR) (MET I but care where the yord) 19. MERCE BY CERT I FY, That I attempted deceased from 19. (Address) CONTRIBUTORY (MET I but care where the stated above, bit. (Marchant) (MET I but care where the stated above, bit. (Marchant) (MET I but care where the stated above, bit. (Marchant) (MET I but care where the stated above, bit. (Marchant) (MET I but care where the stated above, bit. (Marchant) (MET I but care where the stated above, bit. (Marchant) (MET I but care where the stated above, bit. (Marchant) (MET I but care where the stated above, bit. (Marchant) (MET I but care where the stated above, bit. (Marchant) (MET I but care where the stated above, bit. (Marchant) (MET I but care where the stated above, bit. (Marchant) (MET I but care where the stated above, bit. (Marchant) (Ma	(a) Residence. No.	SL, O Ward.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WILDOWED OR DIVORCED (origin the yord) MUSEL WILDOWED, OR DIVORCED 5. A IF MARRIED, WILDOWED, OR DIVORCED 6. DATE OF BIRTH (WORTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS 11 LESS than 1 day,bra. 8. OCCUPATION OF DECEASED (a) Tride, profession, or performed kind of werk (b) General mater of industry, brainers, or establishment in which engagized for employer - (c) Name of employer 5. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) B OLV (STATE OR COUNTRY) MAY ON THERE (CITY OR TOWN) (STATE OR COUNTRY) MAY ON THERE (CITY OR TOWN) (STATE OR COUNTRY) MAY ON THE (CITY OR TOWN) (STATE OR COUN	Length of residence in city or town where death occurred	
DIVORCED (Greye the word) MARCH WILL WARREN, DAY AND YEAR) S. IF MARRIED, WICOVER, OR DIVORCED (INSEAND OF GOVERNOON, OR DIVORCED (INSEAND OF YEARS MONTHS DAYS IN LESS than I day, bra. (Inseand Indiversed industry, brainess, or establishment in which employed (or employer) (Inseand Institute of industry, brainess, or establishment in which employed (or employer) (Inseand of Employer (Inseand OF FATHER (CITY OR TOWN) (Inseand OF FATHER (CITY OR TOWN) (Inseand OF MOTHER CITY OR TOWN) (Insea	PERSONAL AND STATISTICAL PARTICUL	11 7
MALE WILL MARKED, WILDOWED, OR DIVORCED HISBARD OF (ON) MINES AND YEARS OF COUNTY OR TOWN) 6. DATE OF BIRTH (MONTH), DAY AND YEARS) SAY 3 11 LESS than 1 day, has seemin. 8. OCCUPATION OF DECRASED (a) Trade, protession, or perfocult hind of work in did with hind of work in wild employed (see employer) (b) General nature of industry, business, or establishment in which employed (see employer) (c) Name of employer 11. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DATE (O YOUNG) 12. MAIDEN NAME OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) DATE (O YOUNG) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) DATE (O YOUNG) 14. INCOMMENT M. C. A.		SED, WIDOWED OR
SA. IT MARRIED, WIONED, OR DIVORCED WIUSHAND OF CONTROL CURRY 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS II LESS than I day, brain, or min. 9. OCCUPATION OF DECEASED Line of Morther Market and Ma		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
S. L. HUSBAND OF SOUTH (MONTH, DAY AND YEAR) 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DAYS 11 LESS then 1 AGE, his. 6. OCCUPATION OF DECEASED (a) Trade, procession, or performs kind of work. (b) General nature of industry, business, or establishment in which employed (or employed) - (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER J.W. C.M. J.		LOC 17.
that I last any warm. alive on	5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF	1921 m how 24
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7. AGE YEARS MONTHS DATS H LESS than 1 day,	CORD Son Carrely	that I last any horn, alive on Nov 98 199/
THE CAUSE OF BIRTH (WONTH DAY AND YEAR) 7. AGE YEARS MONTHS DAYS H LESS than 1 days, hars, hars, hars, hard,		death occurred, on the date stated above, ht
7. AGE YEARS MONTHS BAYS II LESS than 1 day, hrs. hrs. or min. 8. OCCUPATION OF DECEASED (a) Trade, prolession, or perficular kind of work (b) General nature of industry, husiness, or establishment in which employed (or employer) 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOUN CO KY 11. BIRTHPLACE OF FATHER JW COMMING (STATE OR COUNTRY) BOUN CO KY 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) BOUN CO KY 13. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) BOUN CO KY 14. INFORMANT M. (Address) Constant Diarri, or in deaths from Violatry Closure, at 10. Means and Nature or leath		6-18431
8. OCCUPATION OF DECEASED (a) Trade, profession, or perficular kind of work. (b) General nature of industry, business, or establishment in which employer (c) Name of employer 9. BIRTHPLACE (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. INTORMANT M. (AMARCAL) 15. FIREDIL 25. 19. MEDICAL DELLA COMMENTARIES 15. FIREDIL 25. 19. MEDICAL DELLA COMMENTARIES 16. OCCUPATION OF DECEASED (Identity) (Identition) (Identitio	7. AGE YEARS MONTHS DAYS	II LESS than 1
8. OCCUPATION OF DECEASED (a) Trade, profession, or perficular 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 JW COMM 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER CUTY OR TOWN) (STATE OR COUNTRY) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 14. INTORMANT M CAMBER (CITY OR TOWN) (Address) 15. FILED J J 19. WWD SALLAS DELLAR (CITY OR TOWN) 15. FILED J J 19. WWD SALLAS DELLAR (CITY OR TOWN) 16. INTORMANT M CAMBER (CITY OR TOWN) 17. CONTRIBUTORY (SECONDARY) (OUNTRIBUTORY (SECONDARY) (STATE OR COUNTRY) WAS TIEDER AN OUTDITACTED (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (STATE OR COUNTRY) WAS TIEDER AN OUTDITACED DEATH, OF In deaths from Viouety Clypter, at House, and Natura or Instruct, and (2) whether Acceptant, Burernat, (1) Malars and Natura or Instruct, and (2) whether Acceptant, Burernat, (Address) 14. INTORMANT M CAMBER (CITY OR TOWN) (STATE OR COUNTRY) MAS TIEDER AN OUTDITACTED (Signed) (Signed or Experiments (Signed) (Signed) (Signed or Experiments (Signed or Experiments (Signed or Experiments (Signed or Experime	70 1 2	
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employer - (c) Name of employer 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOUL CO 10. NAME OF FATHER JW CONSULTY 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) BOUL CO 12. MAIDEN NAME OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) BOUL CO 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Was an Use of Mother Accidental, Business (Sideed) 14. INFORMANT M CONSULTATION (Address) 15. FILED J. 19. Was an or supported to the particular of the particular	10111111	324
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11. BIRTHPLACE OF FATHER GUTY OR TOWN) (STATE OR COUNTRY) 12. MAIDEN NAME OF MOTHER CUTY OR TOWN) 13. BIRTHPLACE OF MOTHER CUTY OR TOWN) (STATE OR COUNTRY) 14. INFURMANT (STATE OR COUNTRY)	(b) General nature of industry, business, or establishment in	(SECONDARY)
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BOW CO 10. NAME OF FATHER JW CONSULT 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Bow CO (STATE OR COUNTRY) Bow CO 12. MAIDEN NAME OF MOTHER CITY OR TOWN) (STATE OR COUNTRY) Morgan CO (STATE OR COUNTRY) MOR	- (c) Name of employer	1
(STATE OR COUNTRY) BOUL CO KY 10. NAME OF FATHER SW CONSULT 11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) Bould Co Ky 12. MAIDEN NAME OF MOTHERSucuran Ellington 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) Margan Co Ky (I) Marks and Nature of Industry, and (2) whether Accountal, Suicidal, Homicidal. (See reverse side for additional space.) 14. INTURNANT M. Canada Marks Comment of Burial Comments of Burial Canada Suicidal Comments of Burial Commen	O DIDTUDI ACE / CITY OF TANKED	
10. NAME OF FATHER SW CASSIST 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (State OR COUNTRY) Bath to Signed) 12. MAIDEN NAME OF MOTHER CUTY OR TOWN) (State OR COUNTRY) Margan to Ky (State OR COUNTRY) Margan to Ky (I) Means and Nature of Indust, and (2) whether Accountal, Suicidal, (Address) (Address) And Nature of Indust, and (2) whether Accountal, Suicidal, (Address) (Address) And Andress (Address) And Andress (I) Means and Nature of Indust, and (2) whether Accountal, Suicidal, (Address) (Address) Andress (I) Means and Nature of Indust, and (2) whether Accountal, Suicidal, (Address) (Address) Andress (I) Means and Nature of Indust, and (2) whether Accountal, Suicidal, (Address) (I) PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) Address (I) Means and Nature of Indust, and (2) whether Accountal, Suicidal, (Address) (I) PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) Address (I) Means and Nature of Indust, and (2) whether Accountal, Suicidal, (Address) (I) PLACE OF BURIAL, CREMATION, OR REMOVAL (Address) Address (I) Means and Nature of Indust, and (2) whether Accountal, Suicidal, (Address) (I) UNDERTAKER (I) Means and Nature of Indust, and (2) whether Accountal, Suicidal, (I) Means and Nature of Indust, and (2) whether Accountal, Suicidal, (I) Means and Nature of Indust, and (2) whether Accountal, Suicidal, (I) Means and Nature of Industry, and (2) whether Accountal, Suicidal, (I) Means and Nature of Industry, and (2) whether Accountal, Suicidal, (I) Means and Nature of Industry, and (2) whether Accountal, Suicidal, (I) Means and Nature of Industry, and (2) whether Accountal, Suicidal, (I) Means and Nature of Industry, and (2) whether Accountal, Suicidal, (I) Means and Nature of Industry, and (3) whether Accountal, Suicidal, (I) Means and Nature of Industry, and (3) whether Accountal, Suicidal, (I) Means and Nature of Industry, and (3) whether Accountal, Suicidal, (I) Means and Nature of Industry, and (3) whether Accountal, (I) Means and Nature of Industry, and (3) whether Accountal, (I) M		F FOT AT BACE OF DEATH
WAS TREEZ AN AUTOPSY? 11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) Bath to Ly 12. MAIDEN NAME OF MOTHER CITY OR TOWN). (STATE OR COUNTRY) Margan to Ky (STATE OR COUNTRY) Margan to Ky (STATE OR COUNTRY) Margan to Ky (I) Means and Nature of Injury, and (2) whether Accordance, Building (Address) 14. INFORMANT M. (Address) F. W. C. Margan to Ky (Address) F. W. C. Margan to C. Under Cluster, Building Space.) 15. FILED 1. 29. 19. WAS TREEZ AN AUTOPSY? WHAT TEST CONFIRMED BUSINOSIST (Signed). (Signe		DID AN OPERATION PRECEDE DEATHS DATE OF
11. BIRTHPLACE OF FATHER (CITY OR TOWN). (STATE OR COUNTRY) Bath to (Signed). 12. MAIDEN NAME OF MOTHER CITY OR TOWN). (STATE OR COUNTRY) Margan to (State the Disease Causing Death, or in deaths from Violent Clusies, st (1) Means and Nature of Injurat, and (2) whether Accountal, Buildhall, (Bee reverse side for additional space.) 14. INTURNANT M. (Address) P. W. the Mark Runnia. (Address) P. W. the Mark Runnia. (Address) P. W. the Mark Runnia. 15. Filed 1. 29. 19. Warden and Nature of Injurat, and (2) whether Accountal, Buildhall, CREMATION, OR REMOVAL DATE OF BURIAL (Address) P. W. the Mark Runnia. 16. Out Certification of the Country	10. NAME OF FATHER SIN CONSUL	
(STATE OR COUNTRY) Bath to (Signed). 12. MAIDEN NAME OF MOTHER (CITY OR TOWN). 13. BIRTHPLACE OF MOTHER (CITY OR TOWN). (STATE OR COUNTRY) Margan to (1) Means and Nature of Injury, and (2) whether Accidental, Buildingly. (State or Country) Margan to (1) Means and Nature of Injury, and (2) whether Accidental, Buildingly. (Address) A. W. C. Markettal, CREMATION, OR REMOVAL DATE OF BURIAL (Address) A. W. C. Markettal, C. C. C. Markettal, C. C	11 DIDTUDI ACE OF FATUED (COM OR FORM)	
12. MAIDEN NAME OF MOTHER Judicial Clary of TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Margare Co (STATE OR COUNTRY) Margare Co (STATE OR COUNTRY) Margare Co (1) Marks and Nature of Injury, and (2) whether Accidental, Suicidal, Hosticidal, (Beo reverse side for additional space.) 14. (Address) P. W. C. Marks and C. Whether Accidental, Suicidal, (Address) P. W. C. Marks and C. W. C. W. C. Marks and C. W. C. W. C. W. C. Marks and C. W. C. W. C. W. C. W. C. Marks and C. W. C.	(STATE OR COUNTRY) P = 174	1
12. MAIDEN NAME OF MOTHER CUTY OR TOWN) 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Margar Co (STATE OR COUNTRY) Margar Co (STATE OR COUNTRY) Margar Co (Address) 14. INFORMANT M. (ADDRESS (Address)	12200 00	(Signed)
(STATE OR COUNTRY) MORGON CO Ky - (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, Hospicidal, (See reverse side for additional space.) 14. INFORMANT AND CANADAM DATE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 15. FILED 11 25, 19. WINDOWNSTONE 20. UNDERTAKER ADDRESS		llington , 19 (Address) altrocapp
(STATE OR COUNTRY) MORGON CO Ky - (1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, Hospicidal, (See reverse side for additional space.) 14. INFORMANT AND CANADAM DATE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address) 15. FILED 11 25, 19. WINDOWNSTONE 20. UNDERTAKER ADDRESS	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)	*State the Disease Causing Death, or in deaths from Violent Chunna at
14. INFORMANT W. Carsing 19. PLACE OF BURIAL CREMATION, OR REMOVAL DATE OF BURIAL (Address) F. w. Carsing Cers. Word 61 15. FRED 11 29. 19. Wir Daus or 20. UNDERTAKER ADDRESS	00.	(1) MEANS AND NATURE OF INJURY, and (2) whether Accedental, Suicidal,
INTURNANT ALL CREMATION, OR REMOVAL DATE OF BURIAL (Address) ALL CREMATION, OR REMOVAL DATE OF BURIAL (Address) ADDRESS 15. FILED 1 29. 19. Wir Datus or 20. UNDERTAKER ADDRESS ADDRESS	14. 200 0 7	HOMECTAL. (See reverse side for additional space.)
15. FILED 1 25 19. WEDGLISTONS 20. UNDERTAKER ADDRESS		19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
15. FRED 1 29 19 WED SULFORD 20. UNDERTAKER ADDRESS	(Address) ft, wx to Man R	and Cata Coars
FRED. 1. 19		O UNIDATE OF THE PROPERTY OF T
REGISTRAR J & Mafus El Danad	FRED 1 27. 19 11 20 00 11 0	0.
		REGISTRAR & Mafus

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," "Fore-. man," "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: 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 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 "Asthonia," "Anemia" (merely symptomatie), "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.)

Nors.—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, erysipelas, 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.