

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

PLACE OF DEATH
County Greene

Township _____ Registration District No. 318 File No. 4500
or _____ Primary Registration District No. 2001 Registered No. 99

Village _____
or _____
City Springfield (NO. 1110 laboratory St.: _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Uzzell Franklin Sargent

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE — MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>February 6th</u> , 18 <u>88</u> (Month) (Day) (Year)		
AGE <u>72</u> yrs. <u>21</u> mos. <u>21</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired Lawyer and Journalist</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>St. Lawrence Co., New York</u>		
PARENTS	NAME OF FATHER <u>Jacob L. Sargent</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Vermont</u>	
	MAIDEN NAME OF MOTHER <u>Almira Weston</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Vermont</u>	

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 27, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 1, 1910, to Feb 27, 1910, that I last saw him alive on Feb. 27, 1910, and that death occurred, on the date stated above, at 6 p. m.

The CAUSE OF DEATH* was as follows:
Mitral Insufficiency
97A
109A
56E (Duration) 1 yrs. _____ mos. _____ ds.

Contributory Rheumatism & Pneumonia
(SECONDARY) (Duration) _____ yrs. _____ mos. 21 ds.

(Signed) C. E. Fulton M. D.
Feb 28, 1910 (Address) Springfield, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse Sargent
(ADDRESS) Fairfax, Mo.

Filed Feb 28, 1910, Feb 28 REGISTRAR

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>Hazelwood</u>	DATE OF BURIAL <u>Mar 1</u> , 19 <u>10</u>
UNDERTAKER <u>FAYCOFF UNDERTAKING CO.</u>	ADDRESS <u>City</u>

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*, *Composer*, *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*;

Automobile factory. The material form part of the second statement, "Laborer," "Foreman," "Manager," without more precise specification, as "Laborer," "Laborer—Coal mine," etc. who are engaged in the duties of the not paid *Housekeepers* who receive a pay are entered as *Housewife*, *House-* and children, not gainfully employed, *home*. Care should be taken to record occupations of persons engaged in for wages, as *Servant*, *Cook*, *House-* occupation has been changed or given the DISEASE CAUSING DEATH, state oc-

cupation 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*, *Sar-*

coma, 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 "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, 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.)