

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 Grundy
Township _____
or
Village _____
or
City Trenton (No. _____ St. 2 Ward)

Registration District No. 330 File No. 9385
Primary Registration District No. 3017 Registered No. 25

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Georgia May Curtis

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE Single
MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Jan 9 1908
(Month) (Day) (Year)

AGE 2 yrs. 4 mos. 14 ds.
IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country) Mo

PARENTS
NAME OF FATHER John W Curtis
BIRTHPLACE OF FATHER Mo
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Cora Hobbs
BIRTHPLACE OF MOTHER Mo
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Ella Washburn
(ADDRESS) Trenton Mo.

Filed Apr 26 1910 S. Sheldon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 25 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 17 1910, to Apr 24 1910, that I last saw her alive on Apr 24 1910, and that death occurred, on the date stated above, at 2 a.m.
The CAUSE OF DEATH* was as follows:

Cerebral Abscess

109 ft
99 ft
(Duration) ____ yrs. ____ mos. 5 ds.

Contributory Mesles, Pneumonia, Otitis
(SECONDARY)

(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) E. A. Duffly M. D.
Apr 20 1910 (Address) Trenton Mo.

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

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RESIDENT 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 Moberg DATE OF BURIAL April 26 1910

UNDERTAKER Wm. Gibson ADDRESS Trenton 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*.

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-

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me origin; "Cancer" is Tumor" for malignant *g cough*; *Chronic valvular* *stitial nephritis*, etc. The (recurrent) affection need Example: *Measles* (dis- *bronchopneumonia* (sec- mere symptoms or ter- "Asthenia," "Anaemia" "ly," "Collapse," "Coma," "genital," "Senile," etc.), art failure," "Haemor- s," "Old age," "Shock," when a definite disease se. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "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.)

