

MARGIN RESERVED FOR BINDING

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  
Greene  
County Greene  
Township \_\_\_\_\_ or \_\_\_\_\_  
Village \_\_\_\_\_ or \_\_\_\_\_  
City Springfield (NO. 625 Nichols St. \_\_\_\_\_ Ward \_\_\_\_\_)  
Registration District No. 318 File No. 12869  
Primary Registration District No. 8001 Registered No. 264  
FULL NAME Mrs. Clara M. Johnson [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) widow

DATE OF DEATH May 25, 1910  
(Month) (Day) (Year)

DATE OF BIRTH May 25, 1910  
(Month) May (Day) 25 (Year)

I HEREBY CERTIFY, that I attended deceased from Dead on arrival, 1910, that I last saw h. — alive on —, 1910, and that death occurred, on the date stated above, at 1 p. m.

AGE 63 yrs. 2 mos. 2 ds. IF LESS than 1 day, — hrs. or — min.?

The CAUSE OF DEATH\* was as follows:  
Intestinal obstruction  
127B

OCCUPATION (a) Trade, profession, or particular kind of work House wife  
(b) General nature of Industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(Evidence obtained from Dr. Knowles)  
She had (Duration) — yrs. — mos. 10 ds.  
Contributory no medical attention (SECONDARY) (Duration) — yrs. — mos. — ds.

BIRTHPLACE (City or town, State or foreign country) Elbridge New York

(Signed) J. B. Lemmon, City Physician, M. D.  
May 25, 1910 (Address) 318 College

NAME OF FATHER J. H. Wilson

BIRTHPLACE OF FATHER (City or town, State or foreign country) Boston Mass.

MAIDEN NAME OF MOTHER Charra Dickerson

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Elbridge New York

\*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) Grace W. Caples

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death — yrs. — mos. 3 ds. In the many State many yrs. — mos. — ds.  
Where was disease contracted If not at place of death? Country near here  
Former or usual residence R. J. A.

(ADDRESS) Springfield Mo

PLACE OF BURIAL OR REMOVAL Maple Park DATE OF BURIAL May 27, 1910

Filed May 26, 1910 H. E. Woody REGISTERAR

UNDERTAKER FAKSON UNDERTAKING CO., 410 Lomb ADDRESS

# 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*; (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-*

*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 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.)

