

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.

PLACE OF DEATH

County Jackson
 Township Prairie
 or
 Village _____
 or
 City _____ (NO. _____)

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

Registration District No. 397 File No. 19981
 Primary Registration District No. 4237 Registered No. _____
5553A Ward _____

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

FULL NAME James Henry Wright

PERSONAL AND STATISTICAL PARTICULARS

BEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Nov. 30, 1909</u> (Month) (Day) (Year)		
AGE <u>7 yrs. 7 mos. 14 ds.</u>		IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Greenwood.

PARENTS	NAME OF FATHER <u>Ernest G. Wright</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Lebanon Mo.</u>
	MAIDEN NAME OF MOTHER <u>Margaret Kirtpatrick</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Illinois</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Earnest P. Wright
 (ADDRESS) Greenwood, Mo.

Filed July 15, 1910 Carl L. Conrad
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from birth Nov. 30, 1909, to July 14, 1910, that I last saw him alive on July 1, 1910, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:
Marasmus
150

(Duration) _____ yrs. 7 mos. _____ ds.

Contributory _____
 (SECONDARY) _____
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. R. Kaydall M. D.
July 15, 1910 (Address)

*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 RECENT RESIDENTS)
 At place of death _____ yrs. 7 mos. 14 ds. In the State _____ yrs. 7 mos. 14 ds.
 Where was disease contracted If not at place of death? _____
 Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Lebanon Summit two DATE OF BURIAL July 16, 1910
 UNDERTAKER Jos Martin ADDRESS Lebanon Summit 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*, *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* (re- 5 yrs.). For persons who have no occupation er, write *None*.

Statement of cause of death.—Name, first, the CAUSING DEATH (the primary affection with respect to time and causation), using always the same word term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic spinal meningitis"); *Diphtheria* (avoid use of " "); *Typhoid fever* (never report "Typhoid miasma"); *Lobar pneumonia*; *Bronchopneumonia pneumonia*, unqualified, is indefinite); *Tuberculosis*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sam*

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*; *Roadster 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.)