

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

PLACE OF DEATH

County Linn
Township Grantville
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 501 File No. 20700
Primary Registration District No. 5667 Registered No. 15

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

FULL NAME Infant Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)
DATE OF BIRTH July 17, 1910
(Month) (Day) (Year)
AGE Still Born If LESS than 1 day 10 hrs. or 10 min.?
yrs. mos. ds. No.

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

BIRTHPLACE (City or town, State or foreign country) Grantville, Ia. Linn Co. Mo.

PARENTS NAME OF FATHER Way Brown BIRTHPLACE OF FATHER (City or town, State or foreign country) Linn Co., Mo.
MAIDEN NAME OF MOTHER Elizabeth McKinley BIRTHPLACE OF MOTHER (City or town, State or foreign country) Knox Co., Ind.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. D. Standley M.D.

(ADDRESS) Brookfield Mo.
Filed July 18, 1910 N. R. Adams M.A. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 17, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 17, 1910, to July 17, 1910, that I last saw her alive on July 17, 1910,

and that death occurred, on the date stated above, at Birth.

The CAUSE OF DEATH* was as follows:
Still Born

NO CODE

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

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

(Signed) E. D. Standley M. D. 7/17, 1910 (Address) Brookfield 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 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? X
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Grantville Cem. DATE OF BURIAL July 17, 1910

UNDERTAKER G. M. Shanks ADDRESS Brookfield Mo.

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.

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-*

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 taken. For VIOLENT DEATHS state MEANS of qualify as ACCIDENTAL, SUICIDAL, or HOMICIDE, probably such, if impossible to determine. Examples: *Accidental drowning*; *Structural train—accident*; *Revolver wound of head*. Poisoned by carbolic acid—probably suicide of the injury, as fracture of skull, etc. Sequences (e. g., *sepsis*, *tetanus*) may be stated head of "Contributory." (Recommendation of cause of death approved by Nomenclature of the American Medical

the latter statement; it should be used only when ne
As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salt*,
(b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*,
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"Dealer," etc., without more precise specification, as
laborer, *Farm laborer*, *Laborer—Coal mine*, etc. W
at home, who are engaged in the duties of the house

