

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

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
County LinnTownship North SalemRegistration District No. 507File No. 20712

Village _____

Primary Registration District No. 5672Registered No. 5

City _____

(NO. _____)

St. _____

Ward _____

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

FULL NAME

John Henry Lambert

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

White
 SINGLE
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)
Married

DATE OF BIRTH

December 16th 1869
 (Month) (Day) (Year)

AGE

40 yrs. 6 mos. 29 ds.

 IF LESS THAN
 1 day, _____ hrs.
 or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

Farming 1218
129

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Linn Co. Mo.

PARENTS

NAME OF FATHER

Joshua S. Lambert
Stanton

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Washington Co. Mo.

MAIDEN NAME OF MOTHER

Sarah Buyer

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Linn Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Joshua Stanton Lambert

(ADDRESS)

North Salem Mo.

Filed

July 18, 1910
Jos a Nevins
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

July 15th 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

July 8th 1910, to July 15, 1910,
 that I last saw him alive on 8th July, 1910,
and that death occurred, on the date stated above, at 4:50 p.m.

The CAUSE OF DEATH* was as follows:

July 8th was attacked
with appendicitis
developed in to general Per
itonitis (Duration) _____ yrs. _____ mos. 7 ds.

Contributory

(SECONDARY)

12 hours

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

(Signed)

Jos a Nevins

M. D.

July 16, 1910 (Address) North Salem

*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 30 yrs. 6 mos. 29 ds. In the State 40 yrs. 6 mos. 29 ds.

Where was disease contracted if not at place of death?

Former or usual residence

Linn Co Mo

PLACE OF BURIAL OR REMOVAL

North Salem Cem

DATE OF BURIAL

July 16, 1910

UNDERTAKER

G. C. Hauser

ADDRESS

same

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 "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.)