

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.

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

PLACE OF DEATH  
County St. Louis  
Township Spring Creek Registration District No. 680 File No. 21120  
or  
Village \_\_\_\_\_ Primary Registration District No. 5908 Registered No. 9  
or  
City Berkeley (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME William Isaac Lanning

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married  
WIDOWED OR DIVORCED  
(Write the word)  
DATE OF BIRTH Jan. 13, 1857  
(Month) (Day) (Year)

AGE 53 yrs. 5 mos. 24 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Farmer  
(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 Wm. Lanning  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.  
MAIDEN NAME OF MOTHER Nancy Redgerwood  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Indiana

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) N. R. Reed  
(ADDRESS) Berkeley

Filed July 9 1910 R. M. Kavan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 7, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr. 15, 1910, to July 7, 1910, that I last saw him alive on July 6, 1910, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH\* was as follows:  
Chronic Gastritis

(Duration) \_\_\_\_\_ yrs. 2 mos. 22 ds.

Contributory Stomach (SECONDARY) Hemorrhage of  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 1/2 ds.  
(Signed) N. R. Reed M. D.  
July 6, 1910 (Address) Berkeley

\*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?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Berkeley DATE OF BURIAL July 5, 1910  
UNDERTAKER Citizens ADDRESS Berkeley

# 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.

“Laborer,” “Foreman,” “Manager,” without more precise specification, as *farm laborer*, *Laborer—Coal mine*, etc. who are engaged in the duties of the (not paid *Housekeepers* who receive a may be entered as *Housewife*, *House- At home*. Care should be taken to re- the occupations of persons engaged in for wages, as *Servant*, *Cook*, *House- occupation has been changed or given the DISEASE CAUSING DEATH, state oc- napping of illness. If retired from busi- may be indicated thus: *Farmer* (re- For persons who have no occupation None.*

**cause of death.**—Name, first, the DEATH (the primary affection with re- nd causation), using always the same or the same disease. Examples: *Cere- (the only definite synonym is “Epidemic eningitis”); Diphtheria* (avoid use of *phoid 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.)

qualify all diseases resulting from child carriage, as “PUERPERAL septicaemia,” peritonitis,” etc. State cause for which surgery was undertaken. For VIOLENT DEATHS state INJURY and qualify as ACCIDENTAL, SUICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Revolver wound of head*; *Struck by railway train—accident*; *Revolver wound of head*.

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