

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

County Cooper
Township _____
or Village Boonville
or City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 218 File No. 26891

Primary Registration District No. 3015 Registered No. 50

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

FULL NAME Dudley Allison

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Black SINGLE MARRIED Married WIDOWED OR DIVORCED (If write the word)

DATE OF BIRTH Don't know
(Month) _____ (Day) _____ (Year) _____

AGE about 80 yrs old If LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. _____ mos. _____ ds.

OCCUPATION (a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Kentucky

PARENTS	NAME OF FATHER <u>Don't know</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know</u>
	MAIDEN NAME OF MOTHER <u>Don't know</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Pauline Allison
(ADDRESS) Boonville Mo.

Filed Sept 26, 1910 C. H. Rampson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 25, 1910
(Month) _____ (Day) _____ (Year) _____

I HEREBY CERTIFY, that I attended deceased from Aug 1st, 1910, to Sept 20, 1910, that I last saw him alive on Sept 25, 1910, and that death occurred, on the date stated above, at 5:00 p.m.

The CAUSE OF DEATH* was as follows:
General Break down and age
162
above (Duration) _____ yrs. 2 mos. _____ ds.

Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Robert Hill M. D.
Sept 26, 1910 (Address) Boonville 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? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL <u>City Cemetery</u>	DATE OF BURIAL <u>Sept 27</u> , 191 <u>0</u>
UNDERTAKER <u>W. J. Goodman</u>	ADDRESS <u>Boonville Mo</u>

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

Statement of cause of death.—Name, state DISEASE CAUSING DEATH (the primary affectio from busi- spect to time and causation), using always armer (re- accepted term for the same disease. Exam occupation *brospinal fever* (the only definite synonym is cerebros- pinal meningitis"); *Diphtheria* (avoid first, the "Croup"); *Typhoid fever* (never report "Typhn with re- monia"); *Lobar pneumonia*; *Bronchopneumoni* the same monia," unqualified, is indefinite); *Tuberculosis*: *Cere- meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcom*. "Epidemic (name origin; "Cancer" is less definid use of "Tumor" for malignant neoplasms); "Typhoid pneumonia tuberculosis 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.)

