

COPIES 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 Transylvania  
Township Center  
or  
Village  
or  
City (NO. St. Ward)

Registration District No. 294 File No. 27048

Primary Registration District No. 1409-B Registered No. 19

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

FULL NAME Clarence Webb

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH May 4<sup>th</sup>, 1904 (Month) (Day) (Year)

AGE 6 yrs. 4 mos. 13 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) De Witt Co., Illinois

PARENTS NAME OF FATHER BIRTHPLACE OF FATHER (City or town, State or foreign country) MAIDEN NAME OF MOTHER Josephine Webb BIRTHPLACE OF MOTHER De Witt Co., Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hiram Webb

(ADDRESS) St. Clair, Mo.

Filed Sept 17, 1910 W. E. Kitchel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Sept 3, 1910, to Sept 17, 1910, that I last saw him alive on Sept 10, 1910, and that death occurred, on the date stated above, at 12:45 pm. The CAUSE OF DEATH\* was as follows:

Diphtheria

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

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) W. E. Kitchel M. D. Sept 17, 1910 (Address) St. Clair, 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 Baptist Cemetery DATE OF BURIAL Sept 18, 1910

UNDEERTAKER Webb Undertaking ADDRESS St. Clair, Mo.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Health

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative fullness of various pursuits can be known. The statement applies to each and every person, irrespective of health. For many occupations a single word or term on the question line will be sufficient, e. g., *Farmer* or *Planter*, *Electrician* or *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know the kind of work and also (b) the nature of the business in many industry, and therefore an additional line is provided in the latter statement; it should be used only when: (b) the As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Storeman* or (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*; it material worked on may form part of the examples: (a) *Miner*. Never return "Laborer," "Foreman," "Miner," "Dealer," etc., without more precise specification: material *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. statement. at home, who are engaged in the duties of the *Manager*, only (not paid *Housekeepers* who receive a definite statement, as may be entered as *Housewife*, *Housework*, or *At home*, etc. children, not gainfully employed, as *At school* or *ties of the* Care should be taken to report specifically the occupation of persons engaged in domestic service, for wages, *House-  
wife*, *Cook*, *Housemaid*, etc. If the occupation is changed or given up on account of the DISEASE, state occupation at beginning of illness, or if engaged in retired from business, that fact may be indicated, *House-  
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, from busi-  
spect to time and causation), using always the same term (re-  
accepted term for the same disease. Example: *Typhoid fever* (the only definite synonym is "Epidemic  
cerebrospinal meningitis"); *Diphtheria* (avoid "Typhoid fever" with re-  
"Croup"); *Typhoid fever* (never report "Typhoid fever" the same  
monia"); *Lobar pneumonia*; *Bronchopneumonia* (unqualified, is indefinite); *Tuberculosis* (es: Cere-  
meninges, peritonaeum, etc., *Carcinoma*, *Sarcoma*, Epidemic  
..... (name origin; "Cancer" is less definite use of  
use of "Tumor" for malignant neoplasms); "Typhoid  
neumonia  
erculosis  
ma, 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.)

