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.

After 453

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

PLACE OF DEATH

County Laclede

Township Mayfield

or

Village

or

City (NO. , St.; Ward)

Registration District No. 277 File No. 27724

Primary Registration District No. 5610 Registered No.

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

FULL NAME Johnie Ogles

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH: Oct (Month) 28 (Day), 1910 (Year)

AGE: 12 yrs. 11 mos. 21 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country): Camden Co

PARENTS

NAME OF FATHER: Thomas Sylvester Ogles

BIRTHPLACE OF FATHER (City or town, State or foreign country): Jefferson Co Mo.

MAIDEN NAME OF MOTHER: Maggie Begley

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Cherokee I T

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas Sylvester Ogles

(ADDRESS) Stoutland Mo.

Filed Oct 20 1910. Chas. E. Kirkton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Sep (Month) 18 (Day), 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from Sep 15, 1910, to Sep 18, 1910, that I last saw him alive on Oct 18, 1910, and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

General Peritinitis
129

(Duration) ___ yrs. ___ mos. 4 ds.

Contributory (SECONDARY) none

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) W O Paul M. D.

Oct 20, 1910 (Address) Stoutland.

*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 2 yrs. — mos. — ds. In the State 12 yrs. 11 mos. 21 ds.

Where was disease contracted if not at place of death? Place of death

Former or usual residence Laclede co.

PLACE OF BURIAL OR REMOVAL: Dandy Cemetery

DATE OF BURIAL: Oct 20, 1910

UNDERTAKER: [illegible]

ADDRESS: X

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, by be indicated thus, *Housemaid,* etc. If the occupation or given up on account of the DISEASE CAUSING illness, state the occupation at beginning of illness, that fact may be indicated thus, *Housemaid (retired, 6 yrs.).* For persons not gainfully employed, state occupation whatever, write *None.* *At school* or *At home*

Statement of cause of DISEASE CAUSING DEATH (the disease causing death), with respect to time and the same accepted term for the same: *Cerebrospinal fever* (the only specification, as *Coal mine,* etc. Women engaged in the duties of the household only, *housework,* or *At home,* as *Typhoid* ("Croup"); *Typhoid fever* of the second stage, use of pneumonia"); *Lobar pneumonia* ("Pneumonia," unqualified, *Automobile factory. Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* 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 *septichaemia,*" "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.)

HUGH STEPHENS, JEFFERSON CITY.