

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 Laurie
Township Ogark or Village _____ or City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 474 File No. 27767
Primary Registration District No. 5638 Registered No. 12

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

FULL NAME Earl Mos McNeal

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE <u>Single</u> MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Sept.</u> <u>18</u> , 19 <u>10</u> (Month) (Day) (Year)		
AGE <u>19</u> yrs. <u>9</u> mos. <u>9</u> ds.		If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Mo.</u>		
PARENTS	NAME OF FATHER <u>Thomas H. McNeal</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u>	
	MAIDEN NAME OF MOTHER <u>Sarah Ann McNeal</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 22, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 25, 1910 to Sept. 23, 1910, that I last saw him alive on Sept. 22, 1910, and that death occurred, on the date stated above, at 1 P. m. The CAUSE OF DEATH* was as follows:
Typhoid Fever
(Duration) _____ yrs. _____ mos. 28 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
Signed Leora J. Gunn M. D. Sept. 23, 1910 (Address) Everton, 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. M. McNeal
(ADDRESS) Everton, Mo.
Filed Sept. 23, 1910, Leora J. Gunn REGISTRAR

PLACE OF BURIAL OR REMOVAL Dunkle Cemetery DATE OF BURIAL Sept. 23, 1910
UNDERTAKER Joe Woody ADDRESS Everton Mo.

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) *Fireman*, (b) *Automobile factory*. The material laborer, *Farm laborer*, *Laborer—Coal mine*; second statement. at home, who are engaged in the duties of, "Manager," only (not paid *Housekeepers* who receive a specification, as may be entered as *Housewife*, *Housework*, *Coal mine*, etc. children, not gainfully employed, as *At* the duties of the Care should be taken to report specifically who receive a of persons engaged in domestic service, *Housewife*, *House- vani*, *Cook*, *Housemaid*, etc. If the occupationally employed, changed or given up on account of the it be taken to re- DEATH, state occupation at beginning of sons engaged in tired from business, that fact may be it, *Cook*, *House- Farmer (retired, 6 yrs.)*. For persons who changed or given partation whatever, write *None*. DEATH, state oc-

Statement of cause of death.—Tired from busi- DISEASE CAUSING DEATH (the primary af; *Farmer (re- spect to time and causation)*, using ale no occupation accepted term for the same disease. I *meningitis* (the only definite synonymy name, first, the cerebrospinal meningitis"); *Diphtheria* (fection with re- "Croup"); *Typhoid fever* (never report 'always the same monia"); *Lobar pneumonia*; *Bronchopneu* Examples: *Cere- monia*, unqualified, is indefinite); *Tuber* ym is "Epidemic meninges, peritonaeum, etc., *Carcinoma*, (avoid use of (name origin; "Cancer" is less report "Typhoid use of "Tumor" for malignant neopla onchopneumonia); *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 surgi al 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.)

