

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 Green
Township Nilson
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 319 File No. 30438

Primary Registration District No. 5742 Registered No. 23

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

FULL NAME William M. McCroskey

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR-DIVORCED (Write the word)
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DATE OF BIRTH Aug. 10, 1844
(Month) (Day) (Year)

AGE 66 yrs. 2 mos. 14 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) Washington Co. Va.

PARENTS	NAME OF FATHER <u>James McCroskey</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Virginia</u>
	MAIDEN NAME OF MOTHER <u>Rachel Gibson</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Wheeling, Va.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Emma McCroskey
(ADDRESS) Springfield Mo Route 3

Filed Oct. 20, 1910 B. C. Robertson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 24, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from was dead when to relieved, 1910, that I last saw him alive on _____, 1910, and that death occurred, on the date stated above, at 7:30 a.m.

The CAUSE OF DEATH* was as follows:
Struck on left breast by heavy beam of house. Died instantly.

Contributory _____
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) M. B. Nasson M. D.
Oct. 24, 1910 (Address) Nixa, 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>Springfield Mo</u>	DATE OF BURIAL <u>10/22, 1910</u>
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UNDERTAKER Nasson ADDRESS Springfield

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 white salary), may be entered as *Housewife*, *Housefactory*, or *At home*, and children, not gainfully employed, second *At school* or *At home*. Care should be taken to re- specifically the occupations of persons engaged in "Man- stic service for wages, as *Servant*, *Cook*, *House- etc.* W. etc. If the occupation has been changed or given the hous- account of the DISEASE CAUSING DEATH, state oc- definite sa- tion at beginning of illness. If retired from busi- or *At home* that fact may be indicated thus: *Farmer (re- ol or At- 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 with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid 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 septicæmia," "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 probably such, if impossible to determine definite Examples: *Accidental drowning*; *Struck by rail train—accident*; *Revolver wound of head—homic* *Poisoned by carbolic acid—probably suicide*. The ture of the injury, as fracture of skull, and co- quences (e. g., *sepsis*, *tetanus*) may be stated under head of "Contributory." (Recommendations on st- ment of cause of death approved by Committee Nomenclature of the American Medical Association.

