

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 Randolph
Township Sugar Creek
or
Village _____
or
City Wobesley (NO. _____ St.: _____ Ward)

Registration District No. 735
Primary Registration District No. 5370

File No. 31692
Registered No. 149

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

FULL NAME Andrew Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>Col</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
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DATE OF BIRTH July 9, 1909
(Month) (Day) (Year)

AGE 1 yrs. 3 mos. 10 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE
(City or town, State or foreign country) Calumet Mo

PARENTS	NAME OF FATHER <u>Sammy Smith</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Georgia</u>
	MAIDEN NAME OF MOTHER <u>Matie Bunters</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Gates Mo</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sammy Smith
(ADDRESS) Wobesley

Filed 11/3/10 1910 Wobesley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 29, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 9/25, 1910, to 9/27, 1910, that I last saw him alive on 28th, 1910, and that death occurred, on the date stated above, at 9:45 a.m.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ___ yrs. ___ mos. ___ ds.
Contributory Whooping cough

(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) F. D. Manjor M. D.

(Address) Wobesley
9/30, 1910

*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 Sugar Creek DATE OF BURIAL 9/30 1910

UNDER TAKER J. J. Waddell ADDRESS Wobesley

Standard Certificate of Death

[United States and American Public Health Association]

on.—Precise statement of occupation, so that the relative health-conditions can be known. The question of every person, irrespective of sex, is a single word or term on the certificate, e. g., *Farmer* or *Planter*, *Architect*, *Locomotive engineer*, *Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the industry, and therefore add for the latter statement; it is needed. As examples: (a) *(a) Salesman, (b) Grocery; (c) Automobile factory.* The material part of the second statement. "Foreman," "Manager," "Clerk," "Laborer—Coal mine," etc. are engaged in the duties of the *Housekeepers* who receive a salary, entered as *Housewife, House-keeper, or children, not gainfully employed.* Care should be taken to register the occupations of persons engaged in the same, as *Servant, Cook, House-keeper, etc.* If the occupation has been changed or given up, it should be stated. **DISEASE CAUSING DEATH**, state occupation, if retired from business, as *Farmer (retired)*, *10 ds.* Never state the disease causing death, unless indicated thus: *Farmer (retired) who has no occupation*. **Contributory** (secondary) of death.—Name, first, the primary affection with relation to the disease. Examples: *Cerebral meningitis*; definite synonym is "Epidemic"; *Diphtheria* (avoid use of *Scarlet fever* (never report "Typhoid pneumonia; *Bronchopneumonia* (if definite); *Tuberculosis meningitis*, 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 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.)

