

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 Greene
Township W. Campbell
or
Village _____
or
City _____

Registration District No. 318 File No. 33996

Primary Registration District No. 5439 Registered No. 64

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

FULL NAME J. W. Sheridan

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH unknown, 1910
(Month) (Day) (Year)

AGE 70 yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Carpenter 95B
(b) General nature of industry, business, or establishment in which employed (or employer) wood work 95B

BIRTHPLACE (City or town, State or foreign country) unknown

PARENTS
NAME OF FATHER unknown
BIRTHPLACE OF FATHER (City or town, State or foreign country) unknown
MAIDEN NAME OF MOTHER unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. B. Alsop - Supt.
(ADDRESS) Springfield, Mo.

Filed Nov. 25, 1910, B. Alwoody REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 24, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 23, 1910, to Nov 24, 1910, that I last saw him alive on Nov 23, 1910,

and that death occurred, on the date stated above, at 12.9 m.

The CAUSE OF DEATH* was as follows:
Heart trouble
Organic Heart disease

(Duration) unknown yrs. _____ mos. _____ ds.

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

(Signed) O. A. Tucker M. D.
Nov 27, 1910 (Address) over Crank

*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. 1 ds. In the State _____ yrs. _____ mos. _____ ds.

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

Former or usual residence Springfield Mo.

PLACE OF BURIAL OR REMOVAL National Cemetery DATE OF BURIAL Nov. 25, 1910

UNDERTAKER W. C. Johnson ADDRESS 305 W. Walnut

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

A line will be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Compositor*, *Architect*, *Locomotive engineer*, *Printer*, *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 business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Cotton mill*; (b) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material should form part of the second statement. Return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Foreman*, *Miner*, *Farm laborer*, *Laborer—Coal mine*, etc. At home, who are engaged in the duties of the household; (a) *Housewife* (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife*, and children, not gainfully employed, as *At home*. Care should be taken to record the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *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 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 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.)

