

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 Jackson
Township Van Buren Registration District No. 401 File No. 34501
or Village Low Jack Primary Registration District No. 5556 Registered No. 16
or City _____ (NO. _____ -St. _____ Ward _____)

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

FULL NAME Josiah H. Pilcher

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH July 8 1884
(Month) (Day) (Year)

AGE 76 yrs. 2 mos. 26 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) North Carolina

PARENTS
NAME OF FATHER Daniel Pilcher
BIRTHPLACE OF FATHER (City or town, State or foreign country)
MAIDEN NAME OF MOTHER Margaret E. Aldridge
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ala.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rebecca Pilcher

(ADDRESS) Low Jack Mo

Filed Nov 20 1910 W. H. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27th, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 2, 1910, to Sept 25, 1910, that I last saw him alive on Sept 7, 1910, and that death occurred, on the date stated above, at 7A m.
The CAUSE OF DEATH* was as follows:

Paraselymalous
21 Typhoid Colone
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) W. H. Jones M. D.
(Address) _____, 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 Strasburg Mo DATE OF BURIAL 9/29, 1910
UNDERTAKER Parker & How ADDRESS P. H. Wils

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*, *Miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to show (a) the kind of work and also (b) the name of the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Automobile factory*. The material on the second line may form part of the second statement. For example: "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farmer*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Householder*, *At home*, and children, not gainfully employed, as *At home*. Care should be taken to report specifically 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*; ("Pneumonia," unqualified, is indefinite; specify *Pneumonia of lungs*, *meninges*, *peritoneum*, etc.

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.)

