

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.

PLACE OF DEATH

County

Township

or

Village

or

City

(NO.

St.

Ward)

FULL NAME

Registration District No.

File No.

Primary Registration District No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

IF LESS than
1 day, ___ hrs.
or ___ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

I HEREBY CERTIFY, that I attended deceased from

and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY)

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed)

M. D.

(Address)

*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

DATE OF BURIAL

UNDERTAKER

ADDRESS

Revised United S

ites Standard Certificate

[Approved by U. S. Cen

A Death

us and American Public Health Association]

Statement of occupa

cupation is very importa
fulness of various pursu
applies to each and eve
For many occupations a
line will be sufficient, e.
*Composer, Architect, Loc
Stationary fireman, etc.*
ent, e. g., *Farmer or Planter,*
industrial employments, it
kind of work and also (b)
industry, and therefore an
the latter statement; it sh
As examples: (a) *Spinner,*
(b) *Grocery; (a) Foreman,*
material worked on may fo
ment. Never return "Labo
"Dealer," etc., without mor
*laborer, Farm laborer, Labor
at home, who are engaged in
only (not paid Housekeepers
may be entered as Housewife,
children, not gainfully employ
Care should be taken to report
of persons engaged in domest
servant, Cook, Housemaid, etc.
changed or given up on accou
DEATH, state occupation at b
tired from business, that fac
Farmer (retired, 6 yrs.). For
pation whatever, write *None.**

Statement of cause of

DISEASE CAUSING DEATH (the
spect to time and causation)
accepted term for the same
*brain spinal fever (the only definit
cerebrospinal meningitis"); D
"Croup"); Typhoid fever (neve
monia"); Lobar pneumonia; B
monia," unqualified, is indefin
meninges, peritonaeum, etc., Ca
..... (name origin; "Canc
use of "Tumor" for maligna*

CAUSING DEATH, state oc
ss. If retired from busi
ated thus: *Farmer (re
who have no occupation
Death.—Name, first, the
primary affection with rem
using always the same
disease. Examples: Cere
ite synonym is "Epidemic
diphtheria (avoid use of
(never report "Typhoid
onia; Bronchopneumonia
indefinite); Tuberculosis
um, etc., Carcinom, 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.)

