

## PLACE OF DEATH

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

County

Township

or

Village

or

City

(No.

Registration District No.

Primary Registration District No.

File No.

Registered No.

Ward)

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

FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF DEATH

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

1910

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

1910  
(Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 24, 1910, to Oct. 25, 1910, that I last saw her alive on Oct. 24, 1910, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH\* was as follows:

Satus Epilepticus

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

M. D.

Oct 25th 1910

(Address) Marshall, 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

DATE OF BURIAL

Mo Colony

Oct 28th 1910

UNDERTAKER

ADDRESS

R. W. Campbell Marshall, Mo.

## States Standard Certificate of Death

*Whooping cough*

*interstitial nephritis*. [Census and American Public Health Association] or intercurrent)

portant. Exam \_\_\_\_\_

*29 ds.*; *Bronchopneumonia*.—Precise statement of occupation, so that the relative health-  
"Asthenia," "Anpursuits can be known. The ques-  
"Collapse," "Cdi and every person, irrespective of  
genital," "Senilecupations a single word or term on  
failure," "Haeme sufficient, e. g., *Farmer or Planter*,  
age," "Shock," *tor, Architect, Locomotive engineer*,  
definite disease *tionary fireman*, etc. But in many  
qualify all diseindustrial employments, it is neces-  
carriage, as "the kind of work and also (b) the  
*peritonitis*," etc. ness or industry, and therefore an  
was undertaken. rovided for the latter statement; it  
INJURY and quay when needed. As examples: (a)  
CIDAL, or as *pr, mill*; (a) *Salesman*, (b) *Grocery*;  
definitely. Exa, *Automobile factory*. The material  
*railway train*—a, rrm part of the second statement.  
*Poisoned by carb*, laborer," "Foreman," "Manager,"  
of the injury, as out more precise specification, as  
*sepsis, tetanus*) n *laborer, Laborer—Coal mine*, etc.  
tributory." (Rec, ho are engaged in the duties of the  
death approved t paid *Housekeepers* who receive a  
American Medic, y be entered as *Housewife, House-*  
*and children*, not gainfully employed,  
*home*. Care should be taken to re-  
occupations of persons engaged in  
r wages, as *Servant, Cook, House-*  
cupation has been changed or given  
ie DISEASE CAUSING DEATH, state oc-  
ng of illness. If retired from busi-  
y be indicated thus: *Farmer (re-*  
r persons who have no occupation  
*ne*.

ause of death.—Name, first, the  
ATH (the primary affection with re-  
causation), using always the same  
he same disease. Examples: *Cere-*  
only definite synonym is "Epidemic  
gitis"); *Diphtheria* (avoid use of  
d fever (never report "Typhoid  
or pneumonia; *Bronchopneumonia*  
ualified, is indefinite); *Tuberculosis*  
*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* (dis-  
ease causing death), *29 ds.*; *Bronchopneumonia* (sec-  
ondary), *10 ds*. Never report mere symptoms or ter-  
minal conditions, such as "Asthenia," "Anaemia"  
(merely symptomatic), "Atrophy," "Collapse," "Coma,"  
"Convulsions," "Debility" ("Congenital," "Senile," etc.),  
"Dropsy," "Exhaustion," "Heart failure," "Haemor-  
rhage," "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 surgi al operation was under-  
taken. 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 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 s  
ment of cause of death approved by Committee  
Nomenclature of the American Medical Associati

