

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 Cass
 Township West Peoria
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No. 162 File No. 37352
 Primary Registration District No. 5227 Registered No. 11

FULL NAME Joy Marie Myers

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>September 24, 1910</u> (Month) (Day) (Year)		
AGE yrs. <u>2</u> mos. <u>10</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant at home</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Harrisonville Mo.</u>		
PARENTS	NAME OF FATHER <u>John Irving Myers</u>	
	BIRTHPLACE OF FATHER <u>Michigan</u>	
	MAIDEN NAME OF MOTHER <u>Rosa Wright</u>	
	BIRTHPLACE OF MOTHER <u>Indiana</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. V. Motors
 (ADDRESS) Harrisonville Mo.

Filed Dec 5 1910 H. A. B. Smith

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 4, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 14, 1910, to Nov 4, 1910, that I last saw her alive on Nov 29, 1910, and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:

Chronic Indigestion and Malnutrition
 (Duration) yrs. 1 mos. ___ ds.

Contributory
 (SECONDARY) (Duration) yrs. ___ mos. ___ ds.
 (Signed) H. S. Campbell M. D.
Nov 4, 1910 (Address) Harrisonville 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

Freeman

DATE OF BURIAL

Dec 5 1910

UNDERTAKER

Ammanburg Bros Co

ADDRESS

Harrisonville

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 to each and every person, irrespective of many occupations a single word or term on will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *Teacher*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the name of the business or industry, and therefore an example is provided for the latter statement; it is to be used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (b) *Automobile factory*. The material may form part of the second statement. Examples: "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farmer*, *Farm laborer*, *Laborer—Coal mine*, etc. For *Domestic*, *Home worker*, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housemaid*, *Plumber*, *Blacksmith*, *Farmer*, and children, not gainfully employed, may be entered as *At home*. Care should be taken to recall the occupations of persons engaged in 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.)

of the injury as fracture of skull—probably suicide. The nature of the injury, as fracture of skull—probably suicide. The nature of the injury, as fracture of skull—probably suicide.