

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 Lafayette

Township _____

Village _____

City Lexington Mo. (NO. _____)

Registration District No. 448

Primary Registration District No. 3024

File No. 1033578

Registered No. _____

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

FULL NAME Joseph Carr

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> (Write the word)
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DATE OF BIRTH Oct 23, 1842
(Month) (Day) (Year)

AGE 68 yrs. 0 mos. 26 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Coal Miner
(b) General nature of industry, business, or establishment in which employed (or employer) Coal Mines

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

NAME OF FATHER Richard Carr

BIRTHPLACE OF FATHER
(City or town, State or foreign country) England

MAIDEN NAME OF MOTHER Hannah Hurst

BIRTHPLACE OF MOTHER
(City or town, State or foreign country) England

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Adolph Timberline
(ADDRESS) Carroll St

Filed Dec 1st 1910 J. W. Henderson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 19, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 11, 1910, to Nov 19th, 1910,
that I last saw him alive on Nov 18th, 1910,

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

The CAUSE OF DEATH* was as follows:
Typhoid fever

(Duration) ___ yrs. ___ mos. 12 ds.

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

(Signed) J. W. Henderson M. D.
Nov 21, 1910 (Address) Lex 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 Lexington Mo DATE OF BURIAL Nov 21, 1910

UNDERTAKER Ernest Regent ADDRESS Lexington

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*, *Civil engineer*, *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 nature of 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) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *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*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonacum*, 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. THContributory (secondary or intercurrent) affection ^{OMI-}not be stated unless important. Example: *Measles* ^{mine}causing death), 29 ds.; *Bronchopneumonia* ^{k by}(secondary), 10 ds. Never report mere symptoms of ^{side;}minimal conditions, such as "Asthenia," "Ana ^{ature}(merely symptomatic), "Atrophy," "Collapse," "C. g. ^{Con-}"Convulsions," "Debility" ("Congenital," "Senile," ^{ie of}"Dropsy," "Exhaustion," "Heart failure," "Harrhage," "Inanition," "Marasmus," "Old age," "SI" "Uraemia," "Weakness," etc., when a definite d can be ascertained as the cause. Always qualidiseases resulting from childbirth or miscarriage "PUERPERAL septichaemia," "PUERPERAL peritonitis" State cause for which surgical operation was u taken. For VIOLENT DEATHS state MEANS OF INJUR qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, probably such, if impossible to determine defit Examples: *Accidental drowning*; *Struck by ra train—accident*; *Revolver wound of head—homi* *Poisoned by carbolic acid—probably suicide*. Th ture of the injury, as fracture of skull, and q quences (e. g., *sepsis*, *tetanus*) may be stated unde head of "Contributory." (Recommendations on : ment of cause of death approved by Committe Nomenclature of the American Medical Associat

