

MARGIN RESERVED FOR BINDING

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.

PLACE OF DEATH

County Macoupin  
 Township Quincy  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 534 File No. 38788  
 Primary Registration District No. 5717 Registered No. 20

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

FULL NAME James Fletcher

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED X WIDOWED OR DIVORCED  
 (Write the word)  
 DATE OF BIRTH March 4, 1837  
 (Month) (Day) (Year)  
 AGE 73 yrs. 9 mos. 17 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 Boston Nottinghamshire England  
 (City or town, State or foreign country)

PARENTS  
 NAME OF FATHER Don't Know  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't Know  
 MAIDEN NAME OF MOTHER Don't Know  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Arthur Fletcher  
 (ADDRESS) New Columbia Mo

Filed Dec 25, 1910 Cowest  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 21, 1910  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 1, 1910, to Dec 20, 1910, that I last saw him alive on Dec 20, 1910, and that death occurred, on the date stated above, at 10 am.

The CAUSE OF DEATH\* was as follows:  
Diabetes  
57

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) Cowest M. D.  
Dec 25, 1910 (Address) New Columbia 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 Quincy Amity DATE OF BURIAL Dec 24, 1910

UNDERTAKER J. & G. Gilchrist ADDRESS New Columbia

# 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, peritonaeum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of ..... (name original, less definite; avoid use of "Tumor" neoplasms); *Measles*; *Whooping cough*; *Lobar heart disease*; *Chronic interstitial nephritis* contributory (secondary or intercurrent, not be stated unless important. Example: *Chronic interstitial nephritis causing death*), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptomatic conditions, such as "Asthenia" (merely symptomatic), "Atrophy," "Convulsions," "Debility" ("Congenital," "Dropsy," "Exhaustion," "Heart failure," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Avoid diseases resulting from childbirth or "PUERPERAL septicaemia," "PUERPERAL pyemia," etc., unless the State cause for which surgical operation was taken. For VIOLENT DEATHS state MEANS CAUSING DEATH, if possible, or HYPOTHESIZED, if probably such, if impossible to determine. Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of abdomen*; *Poisoned by carbolic acid—probably suicidal*. State nature of the injury, as fracture of skull, etc. Sequences (e. g., *sepsis, tetanus*) may be reported as "Contributory." (Recommendation of cause of death approved by the Nomenclature of the American Medical Association.)

