

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 Monroe
Township Jackson
or
Village _____
or
City _____ (NO _____ St. _____ Ward _____)

Registration District No. 582 File No. 38920
Primary Registration District No. 5-779 Registered No. _____

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

FULL NAME Filler Shepherd

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word) single
DATE OF BIRTH Unknown (Month) _____ (Day) _____ (Year) _____
AGE Unknown yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) _____

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

PARENTS
NAME OF FATHER Unknown
BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown
MAIDEN NAME OF MOTHER Unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. McCallum
(ADDRESS) Paris mo

File Dec 10 1910. McCallum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 9 1910
(Month) _____ (Day) _____ (Year) _____

I HEREBY CERTIFY, that I attended deceased from Dec 9, 1910, to Dec 9, 1910, that I last saw him alive on Dec 8, 1910, and that death occurred, on the date stated above, at 9:00 m.

The CAUSE OF DEATH* was as follows:
Cause unknown found dead in bed
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) H. C. Payne M. D.
Dec 9 1910 (Address) Paris 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 Cedar Grove DATE OF BURIAL Dec 10 1910
UNDERTAKER Jan F Speed ADDRESS Paris Mo

ad States Standard Certificate of Death

J. S. Census and American Public Health
Association]

occupation.—Precise statement of occupation, so that the relative health-pursuits can be known. The question and every person, irrespective of occupations a single word or term on 1 be sufficient, e. g., *Farmer* or *Planter*, *visitor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many in industrial employments, it is neces-

the kind of work and also (b) the business or industry, and therefore an s provided for the latter statement; it only when needed. As examples: (a) *otton mill*; (a) *Salesman*, (b) *Grocery*; (b) *Automobile factory*. The material form part of the second statement. "Laborer," "Foreman," "Manager," without more precise specification, as *strm laborer*, *Laborer—Coal mine*, etc. who are engaged in the duties of the (not paid *Housekeepers* who receive a birth or mis- entered as *Housewife*, *House-*, and children, not gainfully employed, "At home." Care should be taken to re- the occupations of persons engaged in for wages, as *Servant*, *Cook*, *House-* occupation has been changed or given the DISEASE CAUSING DEATH, state oc- such as *Atrophy*. If retired from busi- *Farmer* (re- For persons who have no occupation *None*.

cause of death.—Name, first, the DEATH (the primary affection with re- nd causation), using always the same or the same disease. Examples: *Cere-* the only definite synonym is "Epidemic *ningitis*"; (*Diphtheria* (avoid use of *oid fever* (never report "Typhoid *obar pneumonia*; *Bronchopneumonia* inqualified, is indefinite); *Tuberculosis* *es*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (na less definite; avoid use of neoplasms); *Measles*; *Whoopin lar heart disease*; *Chronic inter contributory* (secondary or inti not be stated unless important. case causing death), *29 ds.*; *ondary*), *10 ds.* Never report minal conditions, such as

(merely symptomatic), "Atrop Medical Association.)
"Convulsions," "Debility" ("Com- roved by Committee on Nomen-") (Recommendations on state-")
"Dropsy," "Exhaustion," "Hr- nus) may be stated under the
"rhage," "Inanition," "Marasms," "Uraemia," "Weakness," etc., if can be ascertained as the cause of *by carbolic acid—probably suicid-* diseases resulting from child of *train—accident*; *Revolver wound of* Examples: *Accidental drown-* "PERIPHERAL *septicchaemia*," State cause for which surgical *as probably such*, if impossi- taken. For VIOLENT DEATHS *as ACCIDENTAL, SUICID-* qualify as ACCIDENTAL, *prob- probably such*, if impossible. State cause for which s- Examples: *Accidental drown-* "PERIPHERAL *septicchaemia*," *train—accident*; *Revolver w-* *Poisoned by carbolic acid—pr-* disease can be ascertained as the *ure of the injury, as fractu-* "Weakness," "Uraemia," "Haemorrhage," "Inanition," "Senile," etc.) ("Dropsy," "Exh- head of "Contributory." (Re- ment of cause of death app- "Convulsions," "Coma," "Anae-") (merely symptomatic) Nomenclature of the America

ere symptoms or terminal cond- *Bronchopneumonia* (secondary), Example: *Measles* (disease) (rent) affection need not be st- *nephritis*, etc. The contribu- *cough*; *Chronic valvular heart*

