

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 St Francois  
Township Randolph  
or  
Village  
or  
City

Registration District No. 779 File No. 39414  
Primary Registration District No. 6024A Registered No. 60  
St. Ward

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

FULL NAME Elsie Howell

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>F</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Child</u> (Write the word)
DATE OF BIRTH <u>June 20<sup>th</sup></u> , 1 <u>907</u> (Month) (Day) (Year)		
AGE <u>2</u> yrs. <u>6</u> mos. <u>15</u> ds.		If LESS than 1 day, hrs. or min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Child</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Fredricks town Mo</u>		
PARENTS*	NAME OF FATHER <u>Christopher Howell</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Salem Mo</u>	
	MAIDEN NAME OF MOTHER <u>Mattie Reed</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tennessee</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
Dec 5, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 4, 1910, to Dec 5, 1910, that I last saw him alive on Dec 6, 1910, and that death occurred, on the date stated above, at 11 P. m. The CAUSE OF DEATH\* was as follows:

Crocef

(Duration) yrs. mos. ds.

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

(Signed) J. H. Stark M. D.  
12/5/10 (Address) Desloge

\*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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. H. Stark  
(ADDRESS) Desloge  
Filed 12/6, 1910 H. J. Brand  
REGISTRAR

PLACE OF BURIAL OR REMOVAL  
Waverly Cemetery  
DATE OF BURIAL  
12-7, 1910  
UNDERTAKER  
J. H. Stark  
ADDRESS  
Desloge

# 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 sex. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Compositor*, *Architect*, *Locomotive engineer*, *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 name of the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Foreman*, (b) *Automobile factory*. The material on this line may form part of the second statement. For those who return "Laborer," "Foreman," "Manager," "Teacher," etc., without more precise specification, as *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. For those who are at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a regular salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *School child* or *At home*. Care should be taken to specify 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, 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.)



America  
death  
tributor  
sepsis