

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 Christian 97
Township South Marion Registration District No. 188 File No. 720
or
Village _____ Primary Registration District No. 5262 Registered No. _____
or
City _____ (NO. _____) St. _____ Ward _____
FULL NAME Samuel Julian Black (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)	DATE OF DEATH <u>January 24, 1911</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>December 8, 1835</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Jan. 19, 1911</u> , to <u>Jan. 24, 1911</u> , that I last saw him alive on <u>Jan. 24, 1911</u> , and that death occurred, on the date stated above, at <u>2:30</u> m.	
AGE <u>75</u> yrs. <u>1</u> mos. <u>15</u> ds.	IF LESS than 1 day / hrs. or / min.?		The CAUSE OF DEATH* was as follows: <u>Lobar pneumonia</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1-10th</u>			<u>10X</u> (Duration) <u>X</u> yrs. <u>X</u> mos. <u>10</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>North Carolina</u>			Contributory (Secondary) (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>D. W. Vandevanter</u> M. D. <u>1-25, 1911</u> (Address) <u>Garrison, Mo.</u>	
PARENTS	NAME OF FATHER <u>(Unobtainable)</u>		(Duration) _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF FATHER <u>(Unobtainable)</u>		(Signed) _____ M. D. <u>1-25, 1911</u> (Address) <u>Garrison, Mo.</u>	
	MAIDEN NAME OF MOTHER <u>(Unknown)</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER <u>(Unknown)</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Arizona Black</u> (ADDRESS) <u>Garrison, Mo.</u>			Where was disease contracted if not at place of death? <u>X</u> Former or usual residence _____	
Filed <u>1-25, 1911</u> <u>D. W. Vandevanter</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Peace Cemetery</u> UNDERTAKER <u>None</u>	
			DATE OF BURIAL <u>1-25, 1911</u> ADDRESS _____	

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*, *Compositor*, *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 *nephritis*, etc. The contributory industry, and therefore an (rent) affection need not be stated for the latter statement; it Example: *Measles* (disease caused). As examples: (a) *Bronchopneumonia* (secondary), *IC* *Salesman*, (b) *Grocery*; re symptoms or terminal condition *ible factory*. The material "Anaemia" (merely symptomatic of the second statement. "Coma," "Convulsions," "Debi" "Foreman," "Manager," "Senile," etc.), "Dropsy," "Exhaust" precise specification, as "Haemorrhage," "Inanition," "Mar" *Laborer—Coal mine*, etc. "Shock," "Uraemia," "Weakness," engaged in the duties of the "eases can be ascertained as the cause" *ousekeepers* who receive a "diseases resulting from childbirth" *bered as Housewife, House-* as "PUERPERAL septichaemia," ten, not gainfully employed, " etc. State cause for which surgery are should be taken to re- taken. For VIOLENT DEATHS staions of persons engaged in d qualify as ACCIDENTAL, SUICIDA as *Servant, Cook, House-* as *probably* such, if impossible t has been changed or given Examples: *Accidental drowning* DISEASE CAUSING DEATH, state oc- *in—accident; Revolver wound of heaess*. If retired from busi- *y carbolic acid—probably suicide*. icated thus: *Farmer (re-* *ired, 5 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 septichaemia," "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.)