

REGISTRATION DISTRICT NO. 151  
Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH  
County Shelby  
Township Clay  
or  
Village  
or  
City Clarence (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 827 File No. 4717  
Primary Registration District No. 6089 Registered No. 3

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

FULL NAME Infant Not Named

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE  MARRIED  WIDOWED  OR DIVORCED  (Write the word)

DATE OF BIRTH Jan 30, 1911  
(Month) (Day) (Year)

AGE 27 mos. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work 0  
(b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE (City or town, State or foreign country) Clarence Mo

PARENTS  
NAME OF FATHER John Simpson  
BIRTHPLACE OF FATHER Clay Co Mo  
MAIDEN NAME OF MOTHER Georgia Vee Hill  
BIRTHPLACE OF MOTHER Shelby Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) F. H. Roy  
(ADDRESS) Clarence Mo.

Filed Jan 30 1911 J. R. Daniel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw him alive on 30 Jan, 1911, and that death occurred, on the date stated above, at 10 9 a.m. The CAUSE OF DEATH\* was as follows:

159 Premature Birth  
Lived 4 hrs  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

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

(Signed) F. H. Roy M. D.  
Jan 31, 1911 (Address) Clarence, 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 Pallons Cemetery DATE OF BURIAL 1-31-1911  
UNDERTAKER E. E. Hoppe ADDRESS Clarence Mo

# 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 nature of the business or industry, and therefore an additional line is provided for the latter statement; it material worker on may form part of the examples: (a) *Laborer*. Never return "Laborer," "Foreman," "Dealer," etc., without more precise specific *Laborer—Coal mine*, *Manager*, *Housekeeper* who receive a de, *Housewife*, *Housework*, or *Coal mine*, etc. children, not gainfully employed, as *At school*. Care should be taken to report specifically th who receive a *Housewife*, *House-vent*, *Cook*, *Housemaid*, etc. If the occupat fully employed, changed or given up on account of the DIS, DEATH, state occupation at beginning of ill, tired from business, that fact may be inc *Cook*, *House-*nged or given *Farmer (retired, 8 yrs.)*. For persons who h

**Statement of cause of death.**—Nan ATH, state oc- DISEASE CAUSING DEATH, (the primary affect ed from busi- spect to time and causation), using alway *Farmer (re-* accepted term for the same disease. Exa<sup>10</sup> occupation *brospinal fever* (the only definite synonym i cerebrosppinal meningitis"); *Diphtheria* (av<sup>1e</sup>, first, the "Croup"); *Typhoid fever* (never report "Ty tion with re- monia"); *Lobar pneumonia*; *Bronchopneumo says the same monia*, unqualified, is indefinite); *Tuberculo amples: Cere- meninges, peritonaeum*, etc., *Carcinoma*, *Sarc is "Epidemic (name origin; "Cancer" is less de avoid use of use of "Tumor" for malignant neoplasm, rt "Typhoid hopneumonia Tuberculosis cinoma, 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* (dis- ease causing death), 29 ds.; *Bronchopneumonia* (sec- ondary), 10 ds. Never report mere symptoms or ter- minal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemor- rhage," "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 under- taken. 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 conse- quences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on state- ment of cause of death approved by Committee on Nomenclature of the American Medical Association.)