

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 Springston  
 Township Chillicothe Registration District No. 588 File No. 7001  
 or \_\_\_\_\_  
 Village \_\_\_\_\_ Primary Registration District No. 3026 Registered No. 16  
 or \_\_\_\_\_  
 City Chillicothe (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME Herbert Lewis Tompson

**PERSONAL AND STATISTICAL PARTICULARS**

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

DATE OF BIRTH Nov 11 1910  
(Month) (Day) (Year)

AGE \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?  
 yrs. 2 mos. 24 ds.

OCCUPATION (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE (City or town, State or foreign country) Chillicothe MO

PARENTS  
 NAME OF FATHER Marion H Tompson  
 BIRTHPLACE OF FATHER Lincoln County Mo.  
 (City or town, State or foreign country)  
 MAIDEN NAME OF MOTHER Nancy Hanks  
 BIRTHPLACE OF MOTHER Kentucky  
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Marion H Tompson  
 (ADDRESS) Chillicothe MO

Filed Feb 4 1911 A. Barney REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Feb 4 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 3, 1911, to Feb 3, 1911, that I last saw him alive on Feb 3, 1911, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH\* was as follows:  
Toxemia  
104  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. one ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) Dr. M. G. Manier M. D.  
Feb 4 1911 (Address) Chillicothe

\* 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 Edgewood Cemetery DATE OF BURIAL Jan 1 1911  
 UNDERTAKER J. M. H. Tompson ADDRESS Chillicothe 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 sex. For many occupations a single word or term on this 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) *Miner*, (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 a full return "Laborer," "Foreman," "Manager," "Apprentice," etc., without more precise specification, as *Coal laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Persons living at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a fixed salary), may be entered as *Housewife*, *Housemaid*, *At home*, and children, not gainfully employed, as *Child*, *in school* or *At home*. Care should be taken to re-identify specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given (b) 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 at death, 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; "Cancel less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc., contributory (secondary or intercurrent) affection not be stated unless important. Example: *Measles* (primary), *ease causing death*, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms of minimal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify diseases resulting from childbirth or miscarriage: "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY which qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, and 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 circumstances (e. g., *sepsis*, *tetanus*) may be stated under head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association)

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