

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.

PLACE OF DEATH

County Madison
 Township Judewille
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 538 File No. 7079
 Primary Registration District No. 2725 Registered No. 22

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

FULL NAME Joseph Andrew King

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE Caucasian SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Feb 17, 1911
 (Month) (Day) (Year)

DATE OF BIRTH Feb 14, 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 5, 1911, until Feb 16, 1911, that I last saw her alive on Feb 14, 1911, and that death occurred, on the date stated above, at 6.0 m.

AGE 1 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:

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

Enteritis
 (Duration) _____ yrs. _____ mos. _____ ds.

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

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

NAME OF FATHER Henry King

(Signed) C. H. Jones M. D.
Feb 17, 1911 (Address) Burns, Mo.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Madison Co, Mo.

MAIDEN NAME OF MOTHER Lissy West

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Madison Co, 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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. H. King

Where was disease contracted if not at place of death? _____
 Former or usual residence _____

(ADDRESS) Jennett MO

PLACE OF BURIAL OR REMOVAL Jennett Cemetery DATE OF BURIAL 2/18, 1911

Filed Feb 20, 1911 C. H. Jones REGISTRAR

UNDERTAKER Joseph Tracy ADDRESS Jennett MO

of Death

[Approved by U. S. Census and Association]

Standard Certificate

Statement of occupation.—

Occupation is very important, so that the fullness of various pursuits can be applied to each and every person. For many occupations a single concise statement of occupation will be sufficient, e. g., *Farmer*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many industrial employments, it is necessary to give the kind of work and also (b) the name of the industry, and therefore an additional statement; it should be given, etc. But in many employments, it is necessary to give the material worked on may form part of the statement. Never return "Laborer," "Dealer," etc., without more precision. As examples: (a) *laborer*, *Farm laborer*, *Laborer—Carpenter*, (b) *Grocery*; at home, who are engaged in the *factory*. The material only (not paid *Housekeepers* who are engaged in the second statement. may be entered as *Housewife*, *Houseman*, "Manager," children, not gainfully employed, precise specification, as *laborer—Coal mine*, etc. of persons engaged in domestic service, as *valet*, *Cook*, *Housemaid*, etc. If *Housekeepers* who receive a changed or given up on account as *Housewife*, *House-* DEATH, state occupation at beginning of period, not gainfully employed, tired from business, that fact should be taken to report *Farmer (retired, 8 yrs.)*. For persons engaged in occupation whatever, write *None*.

Statement of cause of death

DISEASE CAUSING DEATH (the primary cause, state occupation to time and causation), If retired from business, state thus: *Farmer (retired, 10 yrs.)* have no occupation. If changed or given up on account as *Housewife*, *House-* DEATH, state occupation at beginning of period, not gainfully employed, tired from business, that fact should be taken to report *Farmer (retired, 8 yrs.)*. For persons engaged in occupation whatever, write *None*.

th.—Name, first, the primary affection with remainder, unqualified, is indefinite, using always the same case. Examples: *Cerebrospinal fever* (the only definite cerebrospinal meningitis); *Diphtheria* (never "Croup"); *Typhoid fever* (never "typhoid"); *Lobar pneumonia*; *Bronchopneumonia*, "unqualified, is indefinite), using always the same case. Examples: *Cerebrospinal meningitis*, *peritonaeum*, etc., *Carcinoma* (name origin; "Cancer" for malignant synonym is "Epidemic typhus" (avoid use of "Typhoid fever" report "Typhoid fever"; *Bronchopneumonia* definite); *Tuberculosis* 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.)