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 Lincoln

Township Union

or

Village Silex

or

City _____ (NO. _____ St.: _____ Ward)

Registration District No. 490 4277 File No. 14873

Primary Registration District No. 5058 Registered No. 8

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

FULL NAME Peter Wesley Dingman

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR OR RACE: white

~~SINGLE~~ ~~MARRIED~~ WIDOWED ~~OR DIVORCED~~ (Write the word): widowed

DATE OF BIRTH: June (Month) 1 (Day), 1840 (Year)

AGE: 70 yrs. 10 mos. 5 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Stock dealer

(b) General nature of industry, business, or establishment in which employed (or employer): 1-08

BIRTHPLACE (City or town, State or foreign country): Batavia N. Y.

PARENTS

NAME OF FATHER: P. W. Dingman

BIRTHPLACE OF FATHER (City or town, State or foreign country): N. Y.

MAIDEN NAME OF MOTHER: Phobe Warren

BIRTHPLACE OF MOTHER (City or town, State or foreign country): N. Y.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. C. Dingman

(ADDRESS) Silex, Mo

Filed Apr. 7, 1911 O. H. Dawson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 7 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 17, 1911, to Apr. 7, 1911, that I last saw him alive on April 6, 1911, and that death occurred, on the date stated above, at 9:30 A.m.

The CAUSE OF DEATH* was as follows:

Senility and chronic diarrhoea

(Duration) ___ yrs. 1 mos. 21 ds.

Contributory (SECONDARY) _____

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Alex McCully M. D.

Apr 7 1911 (Address) Silex 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: Centralia Mo.

DATE OF BURIAL: April 8 1911

UNDERTAKER: J. B. Brown

ADDRESS: Silex 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 should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the
househo aid *Housekeepers* who receive a
definite e entered as *Housewife, House-*
work, or children, not gainfully employed,
as *At s* *ne.* Care should be taken to re-
port spe cupations of persons engaged in
domesti vages, as *Servant, Cook, House-*
maid, et pation has been changed or given
up on a DISEASE CAUSING DEATH, state oc-
cupatior of illness. If retired from busi-
ness, th e indicated thus: *Farmer* (*re-*
tired, 6 ersons who have no occupation
whateve

State e of death.—Name, first, the
DISEASE (the primary affection with re-
spect t sation), using always the same
accepte same disease. Examples: *Cere-*
brospin nly definite synonym is "Epidemic
cerebro tis"); *Diphtheria* (avoid use of
"Croup"); *Typhoid fever* (never report "Typhoid
pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum,* etc., *Carcinoma, Sarcoma,* 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 surgi al 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.)

Whooping
interstitial
or intercu
portant.
29 ds.; E
report me
"*Asthenia,*
"Collapse,
genital," "
failure," "
age," "Sh
definite di
qualify al
carriage,
peritonitis,

HUGH STEPHENS, JEFFERSON CITY.