

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 Cole

Township _____

Registration District No. 213

File No. 17302

Village _____

Primary Registration District No. 3014

Registered No. 66

City Jeff City (NO. St Marys Hospital)

Ward _____

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

FULL NAME A. P. Miller

PERSONAL AND STATISTICAL PARTICULARS

of MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE Single
MARRIED
WIDOWED
OR DIVORCED
(If file the word)

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

DATE OF BIRTH January 18, 1855
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 16, 1911, to Apr 30, 1911, that I last saw him alive on Apr 29, 1911, and that death occurred, on the date stated above, at 236.

AGE 56 yrs. 23 mos. 2 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 Genl. Masseur
(b) General nature of industry, business, or establishment in which employed (or employer) 500

Endo Carditis
Heart Failure
399 A (Duration) 10 yrs. ___ mos. ___ ds.

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

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

NAME OF FATHER W. B. Miller

BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky

MAIDEN NAME OF MOTHER Basie

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

(Signed) W. B. Bedford M. D.
651, 1911 (Address) Jefferson City Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. 10 ds. In the since birth State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death?

(Informant) F. P. Miller

Former or usual residence JEFFERSON ST. MO.

(ADDRESS) Jefferson City

PLACE OF BURIAL OR REMOVAL Woodlawn JEFFERSON CITY, Mo. DATE OF BURIAL May 1, 1911

Filed May 1, 1911 REGISTRAR St. Nicholas Ave Jeff City

UNDERTAKER St. Nicholas Ave Jeff City 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 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 household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on 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 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, peritonaeum*, 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.)



PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County bole

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Township _____

Registration District No. 213File No. 17307

Village _____

Primary Registration District No. 3014Registered No. 66 66City Jefferson City (NO. St. Mary's Hospital St.: _____ Ward) F [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

A. B. Miller

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) singleDATE OF DEATH April 30, 1911
(Month) (Day) (Year)DATE OF BIRTH Jan'y 28, 1855
(Month) (Day) (Year)HEREBY CERTIFY, that I attended deceased from Apr. 16, 1911, to Apr. 30, 1911, that I last saw him alive on Apr. 29, 1911,AGE 56 yrs. 3 mos. 2 ds. If LESS than 1 day, ____ hrs. or ____ min. ?and that death occurred, on the date stated above, at 2:30 A.M.OCCUPATION (a) Trade, profession, or particular kind of work Brick Mason

The CAUSE OF DEATH* was as follows:

(b) General nature of industry, business, or establishment in which employed (or employer) _____

Endo carditis
Heart failureBIRTHPLACE (City or town, State or foreign country) Jefferson City, Mo.(Duration) 10 yrs. ____ mos. ____ ds.NAME OF FATHER L. H. Miller

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky(Signed) S. V. Bedford M. D.MAIDEN NAME OF MOTHER Margaret Base5/1, 1911 (Address) Jefferson City, Mo.BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) J. B. MillerAt place of death ____ yrs. ____ mos. 10 ds. In the State since birth ____ yrs. ____ mos. ____ ds.(ADDRESS) Jefferson City

Where was disease contracted if not at place of death? _____

Filed May 1, 1911 W. F. Stummel REGISTRARFormer or usual residence Jefferson City, Mo.PLACE OF BURIAL OR REMOVAL WoodlandDATE OF BURIAL 5/2, 1911UNDERTAKER J. F. Heinrichs & SonADDRESS Jeff. City

Original file, date _____, 19____

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[[Approved by U. S. Census and American Public Health
Association]]

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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.)