

PLACE OF DEATH.

MISSOURI STATE BOARD OF HEALTH
REGISTRARS SHALL NOT RE. BUREAU OF VITAL STATISTICS, HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty Marion
Township Warren
or
Village
or
CityRegistration District No. 552 File No. 28877
Primary Registration District No. 6745 Registered No. 16
(NO. St. Ward)

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

FULL NAME George R. Varney

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED. Married
(If write the word)DATE OF DEATH Aug 19, 1911
(Month) (Day) (Year)DATE OF BIRTH June 27, 1880
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Aug 14th, 1911, to Aug 18th, 1911, that I last saw him alive on Aug 18th, 1911, and that death occurred, on the date stated above, at 7:50 a.m.AGE 31 yrs. 1 mos. 22 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 Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02Typhoid fever
(Duration) yrs. mos. 15 ds.BIRTHPLACE
(City or town, State or foreign country) Marion County MoContributory
(SECONDARY)
(Duration) yrs. mos. ds.NAME OF FATHER J. E. Varney(Signed) Greg DeLaney M. D.
Aug 19 1911 (Address) Emm... MoBIRTHPLACE OF FATHER
(City or town, State or foreign country) Virginia

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

MAIDEN NAME OF MOTHER H. J. Christian

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

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

At place of death yrs. mos. ds. In the State yrs. mos. ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. R. Varney

Where was disease contracted if not at place of death?

(ADDRESS) Warren Mo

Former or usual residence

Filed Aug 20, 1911 R. A. Jewell
L. K. Davis Sub REGISTRARPLACE OF BURIAL OR REMOVAL Anderson Chapel DATE OF BURIAL Aug 20, 1911UNDERTAKER Carl Long ADDRESS Warren Mo

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.

Revised United States Standard Certificate of Death

by U. S. Census and American Public Health Association

[Approved by]

Statement of occupation.—Precise statement of occupation is very important, so that the relative health-occupation is various pursuits can be known. The question of what to each and every person, irrespective of what applies to many occupations a single word or term on For many occasions will be sufficient, e. g., *Farmer* or *Planter*, line will be sufficient, e. g., *Composer*, *Architect*, *Locomotive engineer*, *Composer*, *Aer*, *Stationary fireman*, etc. But in many *Stationary fire* really in industrial employments, it is necessary industrial employ (a) the kind of work and also (b) the kind of work in the business or industry, and therefore an industry, and none is provided for the latter statement; it the latter stated only when needed. As examples: (a) As examples: *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (b) *Grocery*; (c) (b) *Automobile factory*. The material material work may form part of the second statement. ment. Never use "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *laborer, Farm, Farm laborer, Laborer—Coal mine*, etc. at home, who, some, who are engaged in the duties of the only (not paid) (not paid *Housekeepers* who receive a may be entered as *Housewife, House-* children, not *at home*, and children, not gainfully employed, Care should be or *At home*. Care should be taken to re- of persons engaged in the occupations of persons engaged in *vant, Cook, House-* for wages, as *Servant, Cook, House-* changed or give the occupation has been changed or given DEATH, state (1) of the DISEASE CAUSING DEATH, state oc- tired from beginning of illness. If retired from busi- *Farmer (retired)* may be indicated thus: *Farmer (re-* (re-ation whatever). For persons who have no occupation

Statement: None.

DISEASE CAUSE of cause of death.—Name, first, the spect to time, ING DEATH (the primary affection with re- accepted term e and causation), using always the same *meningitis* for the same disease. Examples: *Cere-* cerebrospl *meningitis* (the only definite synonym is "Epidemic "Croup"); *Typhoid meningitis*); *Diphtheria* (avoid use of *menia*); *Lobar Typhoid fever* (never report "Typhoid *menia*," unqualified, is indefinite); *Tuberculosis* *meninges, peritonaeum*, etc., *Carcinoma, Sar-* use of "Tum

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.)

