

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 Greene

318

Registration District No.

File No. 31203

Township

or

Village

or

City

Springfield (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Primary Registration District No. 2001

Registered No. 5 E1

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

FULL NAME (Twin no. 2. Died unnamed)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH.

SEX

m

COLOR OR RACE

w

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

Infant

DATE OF DEATH

Sept.

17, 1911  
(Month) (Day) (Year)

DATE OF BIRTH

Sept.

17, 1911  
(Month) (Day) (Year)

AGE

IF LESS than  
1 day, 5 hrs.  
or     min.?

I HEREBY CERTIFY, that I attended deceased ~~on~~  
on, ~~on~~, Sept. 17, 1911,  
that I last saw him alive on Sept. 17, 1911,  
and that death occurred, on the date stated above, at 5 A. m.  
The CAUSE OF DEATH\* was as follows:

Marasmus

189/156

OCCUPATION

(a) Trade, profession, or particular kind of work    

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

BIRTHPLACE

(City or town, State or foreign country)

Springfield, Mo.

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

NAME OF FATHER

H. N. Lewis

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

Arkansas

MAIDEN NAME OF MOTHER

Pansy Isaac

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

Polk Co., Mo.

(Signed) J. B. Lemmon M. D.  
9/17, 1911 (Address) 619 Woodruff B.

\*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    

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry N. Lewis

(ADDRESS) 334 Wall St.

PLACE OF BURIAL OR REMOVAL

Woods of Lane

DATE OF BURIAL

9/17, 1911

UNDERTAKER

J. B. Lemmon

ADDRESS

30 S.W. Walnut St.

Filed 9-17, 1911

J. B. Lemmon  
Secy REGISTRAR

# 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

County

Greene

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

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

Township

Registration District No.

318

File No.

Village

Primary Registration District No.

2001

Registered No.

561

City

Springfield

(NO.)

St. Ward

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

FULL NAME

Tom No. 2 Reed unnamed

## PERSONAL AND STATISTICAL PARTICULARS

SEX M	COLOR OR RACE W	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH 9 - 17 1911 (Month) (Day) (Year)		
AGE 2 yrs. 6 mos. 10 ds.		

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

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

BIRTHPLACE  
(City or town, State or foreign country)

Springfield Mo.

PARENTS

NAME OF FATHER

H. A. Isaac

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

Springfield Mo.

MAIDEN NAME OF MOTHER

Vera Isaac

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

Parks Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Henry N. Lewis

(ADDRESS)

334 Hall St.

Filed 11-14-11 Y. 1911 H. S. Semmons

REGISTRAR

Original file, date

9-

19

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

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

9 - 17 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 1911, and that I last saw him alive on 9-17, 1911, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Marasmus (congenital: Cause unknown, as mother and father are both healthy)

Contributory  
(SECONDARY)

(Signed)

G. P. Semmons M. D.  
9-17 1911 (Address) 619 Woodruff Mo.

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

LENGHT 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

DATE OF BURIAL

Springfield Mo.

9-17 1911

UNDERTAKER

ADDRESS

H. S. Semmons

305 N. Webster St.

# 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.)

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