

CROSS OF DEATH in plain forms, 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 New Madrid  
Township West  
or  
Village  
or  
City Morhous Mo

Registration District No. 603 File No. 85329  
Primary Registration District No. 4357 Registered No. 48  
St.: \_\_\_\_\_ Ward)

FULL NAME Paul Tucker Infant

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE American white SINGLE MARRIED WIDOWED OR DIVORCED Infant  
(Write the word)  
DATE OF BIRTH June 21, 1910  
(Month) (Day) (Year)  
AGE 14 mos 11 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) in O

BIRTHPLACE (City or town, State or foreign country) Morhous Mo  
PARENTS  
NAME OF FATHER John William Tucker  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Crestwood Co  
MAIDEN NAME OF MOTHER Audrey May Holloway  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Messac Co Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John W. Tucker  
(ADDRESS) Morhous

Filed Oct 9, 1911 J. C. Hayhurst  
(REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 1, 1911  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from Aug 26, 1911, to Sept 1, 1911, that I last saw him alive on Sept 1 PM, 1911, and that death occurred, on the date stated above, at 9 AM.  
The CAUSE OF DEATH\* was as follows:  
Dysentery

Contributory Heart trouble  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) J. F. Bell M. D.  
Sept 1 - 11:50 PM (Address) Morhous 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 Depestou Cem DATE OF BURIAL Sept 2, 1911  
UNDERTAKER Joe Turich ADDRESS Morhous

# 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*, *Composer*, *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 **CAUSE**), with respect to time and cause. Use the accepted term for the disease. Examples: *Cerebrospinal fever* (the only cerebrospinal meningitis); *Typhoid fever* (the only typhoid fever); *Typhoid pneumonia*; *Lobar pneumonia*; *Pneumonia*, unqualified; *Pneumonia of lungs*, *meninges*, *peri-*

*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.)

MARGIN RE

HUGH STEPHENS, JEFFERSON CITY.

