

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 Walden
Township _____ or Village Lufts or City _____ (NO. _____) (St. _____) Ward _____
Registration District No. 3 File No. 4-2
Primary Registration District No. 4003 Registered No. 1

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

FULL NAME George Couwell Macklin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Sept. 26, 1840
(Month) (Day) (Year)

AGE 71 yrs. 3 mos. 5 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) X 1-10-12

BIRTHPLACE (City or town, State or foreign country) Indiana

PARENTS
NAME OF FATHER Robert Macklin
BIRTHPLACE OF FATHER (City or town, State or foreign country) Indsaima
MAIDEN NAME OF MOTHER Lidia Couwell
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank S Macklin
(ADDRESS) Kirkville Mo

Filed 1-2 1912 J D Duff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 1, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 1, 1910, to Jan 1, 1912, that I last saw him alive on Jan 1, 1912, and that death occurred, on the date stated above, at 8 A.M.

The CAUSE OF DEATH* was as follows:
Albuminuria with Cystitis
13 13 14
13 13 14 (Duration) 2 yrs. ___ mos. ___ ds.

Contributory Injury to back
(Secondary) unknown (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J D Duff M. D.
1-1-1912 (Address) Gibbs

* 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 RESIDENT RESIDENTS)
At place of death 42 yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death? Don't know
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Gibbs Mon Cemetery DATE OF BURIAL 1-3-1912
UNDERTAKER J R Easley ADDRESS Brasher

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; less definite; avoid use of "Tumor" for neoplasms); *Measles*; *Whooping cough*; *Cholera*; *Chronic interstitial nephritis*; *Lobar heart disease*; *Chronic interstitial nephritis*; *Contributory* (secondary or intercurrent) affections, that fact may be stated unless important. Example: *Meningitis* (secondary), *6 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptomatic conditions, such as "Asthenia," "Collapse," "Convulsions," "Debility," "Congenital," "Dropsy," "Exhaustion," "Heart failure," "Inanition," "Marasmus," "Old age," "Rheumatism," "Uræmia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always state more precisely diseases resulting from childbirth or miscarriage, as "Puerperal septicaemia," "Puerperal peritonitis," etc. State cause for which surgical operation was taken. For VIOLENT DEATHS state MEANS OF INJURY which qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, if it should be used in addition to the name of the disease. Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of head—suicide*. *Poisoned by carbolic acid—probably suicide*. But in many cases the nature of the injury, and circumstances (e. g., *sepsis*, *tetanus*) may be stated under head of "Contributory." (Recommendations of the American Medical Association.)

