

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Bollinger</i>		Registration District No.	<i>940</i>	
Township	<i>Liberty</i>		File No.	<i>140</i>	
Village			Primary Registration District No.	<i>3104</i>	
City	(NO. _____) _____		Registered No.	_____	
FULL NAME <i>Jimmie Edgar Mills</i>			[If death occurred in a hospital or institution give its NAME instead of street and number]		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <i>M.</i>	COLOR OF RACE <i>W</i>	SINGLE MARRIED WIDOWED OR DIVORCED <i>married</i> (Write the word)	DATE OF DEATH <i>Jan 2</i> , 191 <i>2</i> (Month) (Day) (Year)		
DATE OF BIRTH <i>Jan 9</i> , 19 <i>98</i> (Month) (Day) (Year)		AGE <i>23</i> yrs. <i>11</i> mos. <i>23</i> ds. If LESS than 1 day, ____ hrs. or ____ min.?	I HEREBY CERTIFY, that I attended deceased from <i>Dec 30</i> , 191 <i>1</i> , to <i>Jan 2</i> , 191 <i>2</i> , that I last saw him alive on <i>Jan 7</i> , 191 <i>1</i> , and that death occurred, on the date stated above, at <i>4:52</i> m.		
OCCUPATION (a) Trade, profession, or particular kind of work <i>Farmer</i>		The CAUSE OF DEATH* was as follows: <i>Meningitis Complicated with Pneumonia</i>			
(b) General nature of industry, business, or establishment in which employed (or employer) <i>1-02</i>		A <i>109A</i> <i>78</i> (Duration) yrs. mos. <i>3</i> ds.			
BIRTHPLACE (City or town, State or foreign country) <i>Cape Co</i>		Contributory (SECONDARY) (Duration) yrs. mos. ds.			
PARENTS	NAME OF FATHER <i>Ben Mills</i>		Signed) <i>J. M. Harrison, M.D.</i> <i>Jan 3</i> , 191 <i>2</i> (Address) <i>W. H. Stewart, M.D.</i>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>W. Va.</i>		*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 <i>Mary A. Shults</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Ind.</i>		At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>J. E. Shults</i> <i>J. Allenwill, M.D.</i> (ADDRESS)			Where was disease contracted if not at place of death? Former or usual residence _____		
Filed _____ 191 <i>2</i>		REGISTRAR		PLACE OF BURIAL OR REMOVAL <i>Cross</i>	DATE OF BURIAL _____ 191 <i>2</i>
				UNDERTAKER	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*, *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 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, peritoneum*, 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.)



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

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

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

County Bollinger Registration District No. 940 File No. 140
 Township Liberty Primary Registration District No. 5104 Registered No. _____
 or _____
 Village _____
 or _____
 City _____ (NO. _____ St.: _____ Ward _____)

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

FULL NAME Jimmie Edgar Mills

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED <u>Married</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Jan 9, 1888</u> (Month) (Day) (Year)		
AGE <u>23 yrs. 11 mos. 23 ds.</u>		If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Cape Co</u>		
PARENTS	NAME OF FATHER <u>Ben Mills</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ky</u>	
	MAIDEN NAME OF MOTHER <u>Margaret Shule</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Iud.</u>	

DATE OF DEATH
Jan 2, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 30, 1911, to Jan 2, 1912, that I last saw him alive on Jan 7, 1911, and that death occurred, on the date stated above, at 6:45 a.m.

The CAUSE OF DEATH* was as follows:
Pneumonia complicated with Bronchitis

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

(Signed) J. M. Priney Jr. M. D.
Jan 3, 1912 (Address) Whitewater 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. J. Shule
 (ADDRESS) Allenville Mo.
 Filled Jan 3, 1912 by J. M. Priney Jr. REGISTRAR

PLACE OF BURIAL OR REMOVAL
Cruise

DATE OF BURIAL
Jan 3, 1912

UNDERTAKER
W. L. Potter

ADDRESS
Advance Mo.

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

JAN

Revised United States Standard Certificate of Death

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

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