

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 Radolph Union
 Township Union Registration District No. 735 File No. 2439
 or
 Village _____ Primary Registration District No. 5970 Registered No. 19
 or
 City _____ (NO. R. R. Moberly St. _____ Ward _____) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME George Scott.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white. MARRIED married
 WIDOWED ORPHANED (Write the word)

DATE OF BIRTH July 30, 1840
 (Month) (Day) (Year)

AGE 71 yrs. 5 mos. 29 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer.
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

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

PARENTS

NAME OF FATHER	<u>Frank Scott.</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country)	<u>Ohio</u>
MAIDEN NAME OF MOTHER	<u>Don't know</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<u>Don't know</u>

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 29, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 19th, 1912, to Jan 24th, 1912, that I last saw him alive on Jan 22nd, 1912, and that death occurred, on the date stated above, at 7:00 a.m.

The CAUSE OF DEATH* was as follows:
Ta Grippa
23A
11A

(Duration) _____ yrs. _____ mos. 29 ds.

Contributory Tuberculosis
 (SECONDARY) (Duration) Several years mos. _____ ds.

(Signed) M. D. Lewis M. D.
Jan. 31st 1912 (Address) Madison, 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 Salem Church DATE OF BURIAL Jan 30, 1912
 UNDERTAKER Martin and Mahan ADDRESS Moberly, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Walter A. Scott.
 (ADDRESS) R. R. Moberly, Mo.

Filed 1-31-12 1912 W. C. Clegg REGISTRAR

United States Standard Certificate of Death

Revised Under the U. S. Census and American Public Health Association

Statement of Occupation.—Precise statement of occupation is important, so that the relative healthfulness of various pursuits can be known. The question should be asked of each and every person, irrespective of occupation, a single word or term on which to base the statement, e. g., *Farmer* or *Planter*, *Composer*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state the kind of work and also (b) the business or industry, and therefore an additional statement should be provided for the latter statement; it should be included when needed. As examples: (a) *Kind of work*—*Stationary fireman*, *Salesman*, *Grocery*, *Automobile factory*. The material in the latter statement forms part of the second statement. As examples: "Laborer," "Foreman," "Manager," "Grocery," without more precise specification, as material work—*laborer*, *Laborer—Coal mine*, etc.

Never, who are engaged in the duties of the "Dealer," etc. (not paid *Housekeepers* who receive a *laborer*, *Farm* may be entered as *Housewife*, *House-at home*, where, and children, not gainfully employed, only (not paid *at home*. Care should be taken to remain in the occupations of persons engaged in children, not for wages, as *Servant*, *Cook*, *House-Care* should be entered if occupation has been changed or given of persons engaged in the DISEASE CAUSING DEATH, state occasion of illness. If retired from business or gain may be indicated thus: *Farmer (retired)*, state cause of death. For persons who have no occupation entered as *None*.

Statement of Cause of Death.—Name, first, the primary affection with relation to the DISEASE CAUSING DEATH (the primary affection with relation to causation), using always the same name for the same disease. Examples: *Cerebrospinal meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of *typhoid fever* (never report "Typhoid fever"); *Unqualified*, is indefinite); *Tuberculosis meningitis*); *Loges, peritonaeum*, etc., *Carcinoma, Sarcoma*, *meninges*, etc.

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.)

