

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>67</i>	File No.
Township	<i>Loraine</i>		Primary Registration District No.	<i>5102c</i>	Registered No.
or					
Village					
or					
City			(NO. _____ St. _____ Ward _____)		
FULL NAME			<i>James Barker</i>		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<i>Male</i>	<i>White</i>	<i>Widowed</i>	<i>Jan 31</i> , 191 <i>2</i>		
DATE OF BIRTH			(Month) (Day) (Year)		
<i>Feb 28</i> , 18 <i>65</i>					
AGE			I HEREBY CERTIFY, that I attended deceased from		
<i>46</i> yrs. <i>11</i> mos. <i>3</i> ds.			<i>July 31</i> , 191 <i>1</i> , to <i>Jan 31</i> , 191 <i>2</i>		
OCCUPATION			that I last saw him alive on <i>Nov 6</i> , 191 <i>2</i>		
(a) Trade, profession, or particular kind of work <i>Farmer</i>			and that death occurred, on the date stated above, at <i>10:15 p.m.</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>Farming</i>			The CAUSE OF DEATH* was as follows:		
BIRTHPLACE (City or town, State or foreign country) <i>Bollinger Co Mo</i>			<i>Diabetes Mellitus</i>		
PARENTS	NAME OF FATHER <i>Amos Barker</i>		59 <i>hp</i> (Duration) <i>one</i> yrs. mos. ds.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Bollinger Co Mo</i>		Contributory (SECONDARY) (Duration) yrs. mos. ds.		
	MAIDEN NAME OF MOTHER <i>Mary Barker</i>		(Signed) <i>Ed Sanders</i> M. D.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Bollinger Co Mo</i>		<i>7/20</i> 191 <i>7</i> (Address) <i>Marble Hill Mo</i>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
(Informant) <i>Mrs. Fern Myrick</i>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
(ADDRESS) <i>Glen Allen Mo</i>			At place of death yrs. mos. ds. In the State yrs. mos. ds.		
Filed <i>2/20</i> 191 <i>2</i> <i>Ed Sanders</i> REGISTRAR			Where was disease contracted If not at place of death?		
			Former or usual residence		
			PLACE OF BURIAL OR REMOVAL <i>Glen Allen Mo</i>		
			DATE OF BURIAL <i>2/1</i> , 191 <i>2</i>		
			UNDERTAKER <i>J. A. Berry</i>		
			ADDRESS <i>Glen Allen Mo</i>		

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.)

HUGH STEPHENS, JEFFERSON CITY.



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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.

PLACE OF DEATH
County Bollinger
Township Loraine
or
Village _____
or
City _____

Registration District No. 67 File No. 4163
Primary Registration District No. 5102 Registered No. 1
(NO. _____) St. _____ Ward _____

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

FULL NAME James Baker

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Widowed
MARRIED OR DIVORCED (Write the word)
DATE OF BIRTH Feb 28, 1865
(Month) (Day) (Year)
AGE 46 yrs. 11 mos. 3 ds.
If LESS than 1 day, _____ hrs. _____ 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 Bollinger Co. Mo.
(City or town, State or foreign country)

PARENTS
NAME OF FATHER Amos Baker
BIRTHPLACE OF FATHER Mo.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Gary Baker
BIRTHPLACE OF MOTHER Mo.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm Tommy M. Price
(ADDRESS) Glen Allen Mo.

Filed 2/20 1912 G. A. Sanders REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 31, 1912
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Jan 31, 1912, to Jan 31, 1912,
that I last saw him alive on Nov 6, 1912.
The CAUSE OF DEATH* was as follows:
Diabetes mellitus

(Duration) 1 yrs. _____ mos. _____ ds.
Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) C. A. Sanders M. D.
2/20 1912 (Address) Marble Hill 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 Glen Allen
DATE OF BURIAL 2-1 1912
UNDERTAKER J. H. Berry
ADDRESS Glen Allen Mo.

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