

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	
County <u>Johnson</u>		BUREAU OF VITAL STATISTICS	
Township <u>Jefferson</u>		Registration District No. <u>14</u>	File No. <u>5705</u>
Village _____		Primary Registration District No. <u>5547</u>	Registered No. <u>2</u>
City _____ (NO. _____) St. _____ Ward _____		[If death occurred in a hospital or institution, give its NAME instead of street and number]	
FULL NAME <u>George Marion Clark</u>			

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)	DATE OF DEATH <u>Feb 25</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept. 15</u> , 191 <u>1</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Feb 25</u> , 191 <u>2</u> , to <u>Feb 25</u> , 191 <u>2</u> , that I last saw h <u>alive</u> on <u>Feb 25</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>9:30</u> m.	
AGE <u>5</u> yrs. <u>10</u> mos. <u>10</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>The child was dead on my arrival and from all symptoms I made a diagnosis of meningitis.</u> (Duration) _____ yrs. _____ mos. <u>1</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>108</u>			Contributory <u>Intoxication</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>118</u>			(Signed) <u>J. H. Walton</u> M. D. <u>Feb 26</u> , 191 <u>2</u> (Address) <u>Windsor Mo.</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Johnson Co. Mo.</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <u>Earl Clark</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill.</u>		Where was disease contracted if not at place of death? Former or usual residence _____	
	MAIDEN NAME OF MOTHER <u>Netty Cox</u>		PLACE OF BURIAL OR REMOVAL <u>Windsor Mo.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Deaton Co. Mo.</u>		DATE OF BURIAL <u>2-26</u> , 191 <u>2</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John I Clark</u> (ADDRESS) <u>Windsor Mo.</u>			UNDERTAKER <u>W. E. Heston</u>	
File # <u>2-26</u> , 191 <u>2</u> <u>W. E. Heston</u> REGISTRAR			ADDRESS <u>Windsor Mo.</u>	

# 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, 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.)

PLACE OF DEATH

County Johnson  
Township Jefferson  
or  
Village  
or  
City

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

Registration District No. 14  
Primary Registration District No. 5587

File No. 5705  
Registered No. 2

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

FULL NAME

George Marion Clark

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED S  
(Write the word)

DATE OF BIRTH Sept 15, 1911  
(Month) (Day) (Year)

AGE 5 yrs. 10 mos. 10 ds.  
If LESS than 1 day, hrs. or mins.

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

BIRTHPLACE (City or town, State or foreign country) Johnson Co Mo

PARENTS NAME OF FATHER Earl Clark BIRTHPLACE OF FATHER Ill MAIDEN NAME OF MOTHER Esther Cox BIRTHPLACE OF MOTHER Beutan Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John D Clark (ADDRESS) Windsor Mo

Filed Feb 26, 1912 A. H. Cecil REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 25, 1912, to Feb 25, 1912, that I last saw him alive on Feb 25, 1912, and that death occurred, on the date stated above, at 930 m.

The CAUSE OF DEATH\* was as follows:  
The child was dead on my arrival & from all symptoms I make a Diagnosis of Pneumonia Toxemia

Contributory Indigestion  
(SECONDARY) (Duration) 1 yrs. 1 mos. 1 ds.

(Signed) J. H. Patton M. D.  
2-26, 1912 (Address) Windsor 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 1 yrs. 1 mos. 1 ds. In the State 1 yrs. 1 mos. 1 ds.  
Where was disease contracted If not at place of death?  
Former or usual residence

PLACE OF BURIAL OR REMOVAL Windsor Mo DATE OF BURIAL 2/26, 1912  
UNDERTAKER W. A. Houston ADDRESS Windsor Mo

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STATE BOARD OF HEALTH, WILL OBTAINING THE THIS IS A SUPPLEMENTARY RECORD

FEB

Original file, date FEB, 1912

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

# Revised United States Standard Certificate of Death

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