

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.

PLACE OF DEATH
 County Sullivan Co
 Township Asht
 or
 Village _____
 or
 City Milam Mo (NO. _____) St. _____ Ward _____
 Registration District No. 852 File No. 7867
 Primary Registration District No. 4518 Registered No. 9

FULL NAME Harry Ray McElister
 (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 <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 4</u> 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May 5th</u> 191 <u>1</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Jan 3</u> , 191 <u>2</u> , to <u>Feb 4</u> , 191 <u>2</u> , that I last saw him alive on <u>Feb 4</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>10:15</u> a.m.	
AGE <u>8</u> yrs. <u>30</u> mos. <u>30</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>Whooping Cough with</u> <u>Bronchopneumonia</u> <u>107</u> (Duration) _____ yrs. _____ mos. <u>22</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>X</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>X</u> <u>0</u>			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Milam Mo</u>			(Signed) <u>A. P. Power</u> M. D. <u>Feb 5</u> 191 <u>2</u> (Address) <u>Milam Mo</u>	
PARENTS	NAME OF FATHER <u>Harvey McElister</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER <u>State of Ohio</u>		Where was disease first observed? _____ if not at place of death? _____	
	MAIDEN NAME OF MOTHER <u>Jennie Weaver</u>		Former or usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Harvey McElister</u> (ADDRESS) <u>Milam Mo</u>			PLACE OF BURIAL OR REMOVAL <u>Montgomery Cem</u> <u>Milam Mo</u> DATE OF BURIAL <u>2/5</u> 191 <u>2</u>	
Filed <u>Feb 10</u> 191 <u>2</u> <u>J. C. Kuegel</u> REGISTRAR			UNDEBTAKER <u>C. J. Schaefer</u> ADDRESS <u>Milam 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*, *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*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (not origin; "Cancer" is less definite; avoid use of tumor for malignant neoplasms); *Measles*; *Whoopingcough*; *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.; *Whoopingcough* (secondary), 10 ds. Never report symptoms or terminal conditions, such as *themia*, "Anaemia" (merely symptomatic), "Atropi" "Collapse," "Coma," "Convulsions," "Debility" ("Coma," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus" "Old age," "Shock," "Uraemia," "Weakness," etc., a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth by miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS STATE STATUS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning by railway train—accident*; *Revolver wound—homicide*; *Poisoned by carbolic acid—homicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) stated under the head of "Contributory." (Recommendations on statement of cause of death approved by the Committee on Nomenclature of the American Public Health Association.)

