

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<br>BUREAU OF VITAL STATISTICS<br>CERTIFICATE OF DEATH |             |                |  |
|--|--|---|--|-------------|----------------|--|
| County   | <i>Buchanan</i>  |   | Registration District No.  | <i>80.</i>  | File No.       | <i>8223</i>  |
| Township   | <i>Center</i>  |   | Primary Registration District No.  | <i>3719</i> | Registered No. | <i>9.</i>  |
| or<br>Village  |  |   | (NO. _____) _____  | St. _____   | Ward _____     | (If death occurred in a hospital or institution, give its NAME instead of street and number) |
| or<br>City   |  |   | FULL NAME <i>Ruth Lucile Minter</i>  |             |                |  |
| PERSONAL AND STATISTICAL PARTICULARS   |  |   | MEDICAL CERTIFICATE OF DEATH   |             |                |  |
| SEX  | COLOR OR RACE  | SINGLE<br>MARRIED<br>WIDOWED<br>OR DIVORCED<br>(Write the word)   | DATE OF DEATH  |             |                |  |
| <i>Female</i>  | <i>White</i>   | <i>Single</i>   | <i>Week 15, 1912</i><br>(Month) (Day) (Year)   |             |                |  |
| DATE OF BIRTH  |  | I HEREBY CERTIFY, that I attended deceased from   |  |             |                |  |
| <i>Dec 31, 1905</i><br>(Month) (Day) (Year)  |  | <i>8-13, 1912, to 3-15, 1912,</i>   |  |             |                |  |
| AGE  | IF LESS than<br>1 day, ___ hrs.<br>or ___ min.?                  |   | that I last saw her alive on <i>March 15, 1912,</i>                                  |             |                |  |
| <i>6 yrs. 2 mos. 15 ds.</i>  |  |   | and that death occurred, on the date stated above, at <i>3:50</i> m.                 |             |                |  |
| OCCUPATION<br>(a) Trade, profession, or particular kind of work                            |  | The CAUSE OF DEATH* was as follows:   |  |             |                |  |
| <i>None</i>  |  | <i>Whooping cough</i>   |  |             |                |  |
| (b) General nature of industry, business, or establishment in which employed (or employer) |  | <i>10 1/2 yrs. 1 1/2 mos. ds.</i>   |  |             |                |  |
|  |  | Contributory <i>Bronchopneumonia</i>  |  |             |                |  |
|  |  | (SECONDARY) <i>3 week</i>   |  |             |                |  |
|  |  | (Duration) ___ yrs. ___ mos. ___ ds.  |  |             |                |  |
| BIRTHPLACE<br>(City or town, State or foreign country)                                     |  | (Signed) <i>J. H. Sampson</i> M. D.   |  |             |                |  |
| <i>Mo.</i>   |  | <i>3-16-1912</i> (Address) <i>St Joseph Mo</i>  |  |             |                |  |
| PARENTS  | NAME OF FATHER   | *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<br>(City or town, State or foreign country) | LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  |  |             |                |  |
|  | MAIDEN NAME OF MOTHER  | At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.  |  |             |                |  |
|  | BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country) | Where was disease contracted<br>If not at place of death?   |  |             |                |  |
| <i>George C. Minter</i>  |  | Former or usual residence _____   |  |             |                |  |
| <i>Mo.</i>   |  | PLACE OF BURIAL OR REMOVAL  |  |             |                |  |
| <i>Mattie S. Coster</i>  |  | DATE OF BURIAL  |  |             |                |  |
| <i>Mo.</i>   |  | <i>Pleasant Ridge, Mo. Mar 16, 1912</i>   |  |             |                |  |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  |  | UNDERTAKER  |  |             |                |  |
| (Informant) <i>E. J. Coster</i>  |  | <i>Rocky &amp; Clark St. Joseph Mo.</i>   |  |             |                |  |
| (ADDRESS) <i>Wampler Mo</i>  |  | ADDRESS   |  |             |                |  |
| Filed <i>3/16</i> - 1912 <i>A. F. Downess</i>  |  | REGISTRAR   |  |             |                |  |
|  |  | <i>J. H. Sampson</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*, *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 septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgi al 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.)

