

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<i>Macon</i>		Registration District No.	<i>528</i>
Township	<i>Liberty Valley</i>		File No.	<i>10063-C</i>
or			Primary Registration District No.	<i>5722</i>
Village			Registered No.	<i>4</i>
or				
City	(NO. _____ St.; _____ Ward)			
FULL NAME <i>William Claybrook</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>married</i>	<i>Mar 10, 1912</i>	
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from	
<i>Oct 28, 1834</i>			<i>July 23, 1912, to Mar 10, 1912,</i>	
(Month) (Day) (Year)			that I last saw him alive on <i>Mar 5, 1912,</i>	
AGE	IF LESS than		and that death occurred, on the date stated above, at <i>11:30 am.</i>	
<i>77</i> yrs. <i>4</i> mos. <i>12</i> ds.	1 day, ___ hrs. or ___ min.?		The CAUSE OF DEATH* was as follows:	
OCCUPATION	(a) Trade, profession, or particular kind of work		<i>Pulmonary Thrombosis</i>	
	<i>Farmer</i>		<i>108</i>	
	(b) General nature of industry, business, or establishment in which employed (or employer)		<i>111A</i>	
BIRTHPLACE	(City or town, State or foreign country)		Contributory <i>Pneumonia</i>	
	<i>Randolph Co. Mo.</i>		(Duration) ___ yrs. ___ mos. ___ ds.	
PARENTS	NAME OF FATHER		(Signed) <i>P. R. Smith</i> M. D.	
	<i>Joseph Claybrook</i>		<i>Mar 11, 1912</i> (Address) <i>Callow Mo</i>	
	BIRTHPLACE 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.	
	(City or town, State or foreign country)		<i>Kentucky</i>	
MAIDEN NAME OF MOTHER		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
<i>Mary Humphrey</i>		At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.		
BIRTHPLACE OF MOTHER		Where was disease contracted if not at place of death?		
(City or town, State or foreign country)		Former or usual residence		
<i>North Carolina</i>		PLACE OF BURIAL OR REMOVAL		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		<i>Forest Grove Cemetery</i>		
(Informant)	<i>T. W. C. Baker</i>		DATE OF BURIAL	
(ADDRESS)	<i>Callow Mo.</i>		<i>Mar 10, 1912</i>	
Filed	<i>Mar 11, 1912</i>		UNDERTAKER	
	<i>P. R. Smith</i>		<i>McCormon & Son</i>	
	REGISTRAR		ADDRESS	
			<i>Callow 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*, *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*, *peritonaeum*, 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 Macon
 Township Valley
 or
 Village
 or
 City (NO. St. Ward)

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

Registration District No. 528 File No. 10063-C
 Primary Registration District No. 5722 Registered No. 4

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

FULL NAME William Hlaybrook

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Mar. 10, 1912
(Month) (Day) (Year)

DATE OF BIRTH Oct 28, 1834
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 23, 1912, to Mar. 10, 1912,
 that I last saw him alive on Mar. 8, 1912,
 and that death occurred, on the date stated above, at 11:30 a.m.

AGE 77 yrs. 4 mos. 12 ds. If LESS than
 1 day, hrs. or min.

The CAUSE OF DEATH* was as follows:

OCCUPATION
 (a) Trade, profession, or
 particular kind of work

Farmer

Pulmonary Thrombosis

(b) General nature of industry,
 business, or establishment in
 which employed (or employer)

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

10 days (Duration) yrs. mos. ds.

NAME OF FATHER Joseph Hlaybrook

Contributory Pneumonia X
(SECONDARY)

BIRTHPLACE OF FATHER
 (City or town, State or foreign country) Mo.

(Duration) yrs. mos. ds.

MAIDEN NAME OF MOTHER Mary Humphrey

(Signed) P. R. Tinker M. D.
Mar. 11, 1912 (Address) Callao Mo.

BIRTHPLACE OF MOTHER
 (City or town, State or foreign country) North Carolina

*State the Disease Causing Death, or, in deaths from Violent Causes, state
 (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR
 RECENT RESIDENTS)

(Informant) Mrs. J. W. Baker

At place of death yrs. mos. ds. In the State yrs. mos. ds.

(ADDRESS) Callao Mo.

Where was disease contracted
 if not at place of death?

Filed Mar. 11, 1912 P. R. Tinker
 REGISTRAR

Former or usual residence.

PLACE OF BURIAL OR REMOVAL Locust Grove Cem. DATE OF BURIAL Mar. 10, 1912

UNDERTAKER McCommonson ADDRESS Callao Mo.

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