

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 <u>Platte</u>			Registration District No. <u>692</u>		File No. <u>10525</u>
Township _____ or Village _____			Primary Registration District No. <u>4414</u>		Registered No. _____
City <u>Dearborn</u> NO. _____			St. _____		Ward _____
FULL NAME <u>Aale Blackston</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>	DATE OF DEATH <u>March 4</u> , 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>December 1</u> , 19 <u>06</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>March 3</u> , 191 <u>2</u> , to <u>March 4</u> , 191 <u>2</u> , that I last saw him alive on <u>March 4</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>2 A.</u> m. The CAUSE OF DEATH* was as follows: <u>Menigitis</u> <u>18</u> <u>1945</u>			
AGE <u>5</u> yrs. <u>4</u> mos. <u>2</u> ds.	IF LESS than 1 day, _____ hrs. or _____ min.?		Contributory <u>Bad Hygienic Environment</u> (Secondary) <u>Exposure</u> (Duration) <u>5</u> yrs. <u>4</u> mos. <u>2</u> ds. (Signed) <u>W. M. Moore</u> M. D. <u>March 4</u> , 191 <u>2</u> (Address) <u>Dearborn Mo</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</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 (City or town, State or foreign country) <u>Mo</u>			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? <u>at place of death</u>		
PARENTS	NAME OF FATHER <u>James J. Blackston</u>		Former or usual residence <u>Dearborn Mo</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u>		PLACE OF BURIAL OR REMOVAL <u>Lurrier Cemetery</u>		
	MAIDEN NAME OF MOTHER <u>Grace Cardwell</u>		DATE OF BURIAL <u>March 5</u> , 191 <u>2</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</u>		UNDERTAKER <u>Bernie & Son</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. J. Blackston</u>			ADDRESS <u>Dearborn Mo</u>		
(ADDRESS) <u>Dearborn Mo</u>			Filed <u>March 4</u> , 191 <u>2</u> <u>W. M. Moore</u> REGISTRAR		

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.)



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

PLACE OF DEATH
County Platte
Township _____
or
Village _____
or
City Dearborn (NO. _____ St. _____ Ward _____)

Registration District No. 692 File No. 10525
Primary Registration District No. 444 Registered No. _____

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

FULL NAME Hali Blackston

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH March 4, 1912
(Month) (Day) (Year)

DATE OF BIRTH Dec. 1, 1906
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 3, 1912, to March 4, 1912, that I last saw him alive on March 4, 1912, and that death occurred, on the date stated above, at 20:1 m.

AGE 5 yrs. 4 mos. 2 ds. If LESS than 1 day, ___ hrs. or ___ min.

The CAUSE OF DEATH* was as follows:
Pneumonia Meningitis

OCCUPATION (a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer) none

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

(Duration) yrs. ___ mos. 3 ds.

PARENTS
NAME OF FATHER James J. Blackston
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.
MAIDEN NAME OF MOTHER Mrs. Cardwell
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

Contributory Bad Hygienic exposure (SECONDARY) (Duration) 5 yrs. 4 mos. 2 ds.

(Signed) W. M. Moore M. D.
April 8, 1912 (Address) Dearborn Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Blackston
(ADDRESS) Dearborn 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? at place of death
Former or usual residence Dearborn Mo.

Filed FEB 1912
March REGISTRAR

PLACE OF BURIAL OR REMOVAL Turner Cem. DATE OF BURIAL March 5, 1912
UNDERTAKER Bremser + Son ADDRESS Dearborn Mo.

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.

SUPPLEMENTARY

Revised United States Standard Certificate of Death

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

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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.)