MARGIN RESERVED FOR BINDING

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Wright

Township Univer

or

Village

or

City (NO. St.: Ward)

Registration District No. 949 File No. 12310

Primary Registration District No. 6228 Registered No. 4

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

FULL NAME Raymond Glenn

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR OR RACE: white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): —

DATE OF BIRTH: Jan. (Month) 4 (Day), 1912 (Year)

AGE: — yrs. 3 mos. 8 ds.

If LESS than 1 day, ___ hrs. or ___ min.?

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): Missouri

PARENTS

NAME OF FATHER: William Glenn

BIRTHPLACE OF FATHER (City or town, State or foreign country): Indianna

MAIDEN NAME OF MOTHER: Carrie Baker

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Illinois

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. V. Hough

(ADDRESS) Pease Mo.

Filed 3-12, 1912. Dr. J. R. Mott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: March (Month) 11 (Day), 1912 (Year)

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

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

23A

(Duration) yrs. 3 mos. — ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) J. V. Hough M. D.

March 12, 1912 (Address) Pease 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?

Former or usual residence

PLACE OF BURIAL OR REMOVAL: Morgan Cemetary

DATE OF BURIAL: 3-12, 1912

UNDERTAKER: L. W. Cottongin

ADDRESS: Groot Spring Mo.

Revised United States Standard Certifi of Death

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

Statement of occupation.—Precise statement o cupation is very important, so that the relative he fulness of various pursuits can be known. The tion applies to each and every person, irrespectiv age. For many occupations a single word or ter the first line will be sufficient, e. g., *Farmer* or *Pla Physician, Compositor, Architect, Locomotive engi Civil engineer, Stationary fireman,* etc. But in cases, especially in industrial employments, it is n sary to know (*a*) the kind of work and also (*b*) nature of the business or industry, and therefor additional line is provided for the latter statemen should be used only when needed. As examples: *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Gro* (*a*) *Foreman,* (*b*) *Automobile factory.* The ma worked on may form part of the second state Never return "Laborer," "Foreman," "Mana "Dealer," etc., without more precise specificatio *Day laborer, Farm laborer, Laborer—Coal mine* Women at home, who are engaged in the duties o household only (not paid *Housekeepers* who rece definite salary), may be entered as *Housewife, H work,* or *At home,* and children, not gainfully emp as *At school* or *At home.* Care should be taken t port specifically the occupations of persons engag domestic service for wages, as *Servant, Cook, H maid,* etc. If the occupation has been changed or up on account of the DISEASE CAUSING DEATH, sta cupation at beginning of illness. If retired from ness, that fact may be indicated thus: *Farmer tired, 6 yrs.*). For persons who have no occu whatever, write *None.*

Statement of cause of death.—Name, first DISEASE CAUSING DEATH (the primary affection wi spect to time and causation), using always the accepted term for the same disease. Examples: *brospinal fever* (the only definite synonym is "Ep cerebrospinal meningitis"); *Diphtheria* (avoid "Croup"); *Typhoid fever* (never report "T pneumonia"); *Lobar pneumonia; Bronchopne* ("Pneumonia," unqualified, is indefinite); *Tuber of lungs, meninges, peritonaeum,* etc., *Carcinom*

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

(Duration) ..... yrs. ..... mos.

oma, etc., of ..... (name origin; "Cancer" is ss definite; avoid use of "Tumor" for malignant eoplasms); *Measles; Whooping cough; Chronic valvu- ar heart disease; Chronic interstitial nephritis,* etc. The ontributory (secondary or intercurrent) affection need ot be stated unless important. Example: *Measles* (dis- ase causing death), *29 ds.; Bronchopneumonia* (sec- ndary), *10 ds.* Never report mere symptoms or ter- ninal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemor- rhage," "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 surgical operation was under- taken. 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 na- ture of the injury, as fracture of skull, and conse- quences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on state- ment of cause of death approved by Committee on Nomenclature of the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.