

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		
County			BUREAU OF VITAL STATISTICS		
Township			CERTIFICATE OF DEATH		
or			Registration District No.		
Village			or		
or			Primary Registration District No.		
City			Registered No.		
(NO. _____)			St. _____ Ward _____		
FULL NAME					
County <u>Andrew</u>			File No. <u>12364</u>		
Township <u>North Wilson</u>			Registration District No. <u>28</u>		
or			Primary Registration District No. <u>50379</u>		
Village _____			Registered No. <u>7</u>		
or			St. _____ Ward _____		
City _____			(If death occurred in a hospital or institution, give its NAME instead of street and number)		
FULL NAME <u>Bell, Pruitt</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (<u>Write the word</u>) <u>Widowed</u>	DATE OF DEATH <u>April-20-</u> 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Sept 22 1834</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>March 9</u> , 191 <u>2</u> , to <u>April 10</u> , 191 <u>2</u> , that I last saw her alive on <u>April 10</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>5 A</u> m.		
AGE <u>77</u> yrs. <u>6</u> mos. <u>28</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Emphysema of the Lungs</u> <u>Heart Disease</u> <u>92A</u> <u>116</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Ret. Farmer</u>			Contributors (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.		
(b) General nature of industry, business, or establishment in which employed (or employer) _____			(Duration) ___ yrs. ___ mos. ___ ds.		
BIRTHPLACE (City or town, State or foreign country) <u>Indiana</u>			(Signed) <u>W. A. McLaughlin</u> M. D. <u>April 20, 1912</u> (Address) <u>Centralia Mo</u>		
PARENTS	NAME OF FATHER <u>Mr. Cent Patrick</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 (City or town, State or foreign country) <u>Unknown</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.		
	MAIDEN NAME OF MOTHER <u>Unknown</u>		Where was disease contracted if not at place of death? _____		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Unknown</u>		Former or usual residence. _____		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>Ed J. Landry</u>					
(ADDRESS) <u>Thompson, Mo.</u>					
Filed <u>Apr 22</u> 191 <u>2</u> <u>P. V. Scott</u>			PLACE OF BURIAL OR REMOVAL <u>Washburn Church</u> DATE OF BURIAL <u>21</u> , 191 <u>2</u>		
REGISTRAR			UNDERTAKER <u>W. S. Rush</u> ADDRESS <u>Centralia 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, 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.)



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PLACE OF DEATH

County Andrew
 Township Wilem
 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. 28 File No. 12364
 Primary Registration District No. 50379 Registered No. 7

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

FULL NAME Bell Louitt

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED ind.
 (Write the word)
 DATE OF BIRTH Sept 22, 1834
 (Month) (Day) (Year)
 AGE 77 yrs. 6 mos. 28 ds. IF LESS than 1 day, ___ hrs or ___ min
 OCCUPATION (a) Trade, profession, or particular kind of work retired farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

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

PARENTS
 NAME OF FATHER Wm. C. Patrick
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ind.
 MAIDEN NAME OF MOTHER Wm.
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) C. A. Caudy
 (ADDRESS) Thompson Mo

Filed 4/22 1912 E. L. Scott
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 20, 1912
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Apr. 9, 1912 to Apr. 10, 1912, that I last saw him alive on Apr. 10, 1912, and that death occurred, on the date stated above, at 5 1/2 m.
 The CAUSE OF DEATH* was as follows:
Infection of lungs and heart disease
Mitral
 (Duration) yrs. 6 mos. ___ ds.

Contributory (SECONDARY) _____ (Duration) yrs. ___ mos. ___ ds.
 (Signed) W. A. Ballister M. D.
Apr 21 - 1912 (Address) Centralia 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 Bethlehem Church DATE OF BURIAL Apr. 21, 1912
 UNDERTAKER M. S. Bush ADDRESS Centralia Mo.

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.)