

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.

PLAGE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	Bates Co Mo	Registration District No.	48
Township	Amoret	Primary Registration District No.	4028
Village		Registered No.	18
City		St.	
FULL NAME		Fredie Dale Allman	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	male	DATE OF DEATH	April 16, 1912
COLOR OR RACE	white		(Month) (Day) (Year)
SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)		I HEREBY CERTIFY, that I attended deceased from April 15, 1912, to April 16, 1912, that I last saw him alive on April 16, 1912, and that death occurred, on the date stated above, at 11 A.M.	
DATE OF BIRTH	March 10, 1912	The CAUSE OF DEATH was as follows:	
AGE	1 yrs. 1 mos. 4 ds.	Gastroenteritis	
OCCUPATION		1180	
(a) Trade, profession, or particular kind of work		1580	
(b) General nature of industry, business, or establishment in which employed (or employed)		(Duration) 0 yrs. 2 mos. 2 ds.	
BIRTHPLACE	Amoret Mo	Contributory	
(City or town, State or foreign country)		(SECONDARY)	
NAME OF FATHER	W F Allman	(Duration) 0 yrs. 2 mos. 2 ds.	
BIRTHPLACE OF FATHER	Amoret Mo	(Signed) J W Smith M. D.	
MAIDEN NAME OF MOTHER	Agnes Dale	April 16, 1912 (Address) Amoret Mo	
BIRTHPLACE OF MOTHER	Don't know	*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)	W F Allman	At place of death yrs. mos. ds. In the State yrs. mos. ds.	
(ADDRESS)	Amoret Mo	Where was disease contracted if not at place of death?	
Filed	Apr 17, 1912	Former or usual residence	
REGISTRAR	J. J. Brown	PLACE OF BURIAL OR REMOVAL	
		Christian Church Cemetery, Apr 17, 1912	
		UNDERTAKER	
		Jas Mawry	
		ADDRESS	
		Amoret Mo	

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.)

HUGH STEPHENS, JEFFERSON CITY.



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PLACE OF DEATH
County Bates Co Mo

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

Township _____
or
Village Amoret
or
City _____ (NO. _____)

Registration District No. 48
Primary Registration District No. 4028

File No. 12405
Registered No. 18

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

FULL NAME

Fredric Dale Allman

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Mar 10, 1912
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ 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) Speargue Mo.

PARENTS
NAME OF FATHER W. F. Allman
BIRTHPLACE OF FATHER Amoret Mo.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Gynes Dale
BIRTHPLACE OF MOTHER Mo.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. F. Allman
(ADDRESS) Amoret Mo.

Filed June 9 1912 J. A. Come REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 16, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Apr 15, 1912, to Apr 16, 1912
that I last saw him alive on Apr 16, 1912,
and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:

Acute indigestion
invasion
(Duration) _____ yrs. _____ mos. 2 ds.

Contributory acute indigestion
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. M. Smith M. D.
June 9 1912 (Address) Amoret 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 Christian Church Cem DATE OF BURIAL Apr 17 1912

UNDERTAKER Jos. Maury ADDRESS Amoret Mo

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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.)