

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>Benton</u>		Registration District No.	<u>59</u>	
Township	<u>Waverly</u>		File No.	<u>12430</u>	
or			Primary Registration District No.	<u>4034</u>	
Village			Registered No.	<u>7</u>	
or			St.	Ward	
City	<u>Cole Camp</u> (NO.)		[If death occurred in a hospital or institution, give its NAME instead of street and number]		
FULL NAME <u>James P. Miller</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Mar 5 - 1912</u> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<u>March 29, 1845</u> (Month) (Day) (Year)			<u>Jan 8<sup>th</sup>, 1912, to Mar 5<sup>th</sup>, 1912,</u> that I last saw <u>him</u> alive on <u>March 5<sup>th</sup>, 1912,</u> and that death occurred, on the date stated above, at <u>10 P. M.</u> The CAUSE OF DEATH* was as follows:		
AGE	IF LESS than 1 day, ___ hrs. or ___ min.?		<u>2 days</u> <u>11<sup>10</sup></u> <u>10</u>		
<u>67</u> yrs. <u>0</u> mos. <u>4</u> ds.			(Duration) ___ yrs. ___ mos. ___ ds.		
OCCUPATION (a) Trade, profession, or particular kind of work			Contributory (SECONDARY)		
<u>Laborer</u>			<u>11<sup>10</sup></u> <u>10</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)			(Duration) ___ yrs. ___ mos. ___ ds.		
<u>3-07</u>			M. D. <u>+</u>		
BIRTHPLACE (City or town, State or foreign country)			(Signed) <u>Masson &amp; Dille</u>		
<u>Morgan Co</u>			<u>191</u> (Address)		
PARENTS	NAME 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.		
	<u>John Miller</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
	BIRTHPLACE OF FATHER (City or town, State or foreign country)		At place ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.		
	<u>Ohio</u>		Where was disease contracted if not at place of death?		
MAIDEN NAME OF MOTHER		Former or usual residence		DATE OF BURIAL	
<u>Anna White</u>				<u>4 - 7 - 1912</u>	
BIRTHPLACE OF MOTHER (City or town, State or foreign country)		PLACE OF BURIAL OR REMOVAL		ADDRESS	
<u>Ohio</u>		<u>St. Marks Cemetery</u>		<u>Cole Camp</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>Jas H Garrison</u>					
(ADDRESS) <u>St. Marks Cemetery</u>					
Filed <u>Apr 7<sup>th</sup> 1912</u>			REGISTRAR <u>H. E. Dunlop</u>		
			UNDERTAKER <u>W. de Eickhoff</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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**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

PLACE OF DEATH

County Benton

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

Township \_\_\_\_\_

Registration District No. 59

File No. \_\_\_\_\_

Village \_\_\_\_\_

Primary Registration District No. 4034

Registered No. 7

City Cole Camp (NO. \_\_\_\_\_)

St.: \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Jamies P Miller

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>m</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>m</u>
-----------------	---------------------------	---

DATE OF BIRTH Mar. 29, 1885  
(Month) (Day) (Year)

AGE 67 yrs. 4 mos. 4 ds.  
IF LESS than  
1 day, \_\_\_\_\_ hrs  
or \_\_\_\_\_ min

OCCUPATION  
(a) Trade, profession, or particular kind of work labourer  
(b) General nature of Industry, business, or establishment in which employed (or employer) \_\_\_\_\_

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

PARENTS	NAME OF FATHER <u>John Miller</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country)
	MAIDEN NAME OF MOTHER <u>Agnes White</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>O.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) [Signature]  
(ADDRESS) Cole Camp, Mo.

Filed Apr 7, 1912 H. E. Dunlop  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Mar 5, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 1912, to Mar 5, 1912, that I last saw him alive on March 5, 1912, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH\* was as follows:  
Grippe  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Maurice Sick M. D.  
[Signature], 1912 (Address) Cole Camp, 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. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL <u>Park Cemetery</u>	DATE OF BURIAL <u>Apr 7</u> , 191 <u>2</u>
UNDERTAKER <u>E. L. Groshoff</u>	ADDRESS <u>Cole Camp, Mo.</u>

Original file, date APR, 1912 All information called for must be written on this Supplementary Certificate.

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

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