

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		COUNTY		REGISTRATION DISTRICT NO.		FILE NO.	
Jackson		Kau		130 8991		13440	
Township		Village		Primary Registration District No.		Registered No.	
or		or		1002		1224	
City		Kaukas City		General Hospital		Ward	
FULL NAME		Joseph Burns					
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)		DATE OF DEATH			
male	negro	Single		March 29, 1912 (Month) (Day) (Year)			
DATE OF BIRTH				I HEREBY CERTIFY, that I attended deceased from			
Sept 7, 1894 (Month) (Day) (Year)				March 20, 1912, to March 29, 1912			
AGE				that I last saw him alive on			
18 yrs. 6 mos. 24 ds.				March 29, 1912			
OCCUPATION				and that death occurred, on the date stated above, at 9 ³⁰ P.M.			
(a) Trade, profession, or particular kind of work				The CAUSE OF DEATH* was as follows:			
Porter				Cerebro-Spinal Meningitis epidemic			
(b) General nature of Industry, business, or establishment in which employed (or employer)				18 (Duration) yrs. 6 mos. 19 ds.			
BIRTHPLACE				Contributory			
(City or town, State or foreign country)				(SECONDARY)			
Alpla				61			
PARENTS	NAME OF FATHER			Signed) A. S. Gullerup M. D.			
	J. Burns			Mar 29, 1912 (Address) Gen. Hospital			
	BIRTHPLACE 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.			
	N.Y.			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
MAIDEN NAME OF MOTHER			At place of death				
Ernie Williams			9 yrs. 1 mos. 9 ds. in the State 1 yrs. 1 mos. 9 ds.				
BIRTHPLACE OF MOTHER			Where was disease contracted				
N.Y.			If not at place of death? 1708 Tracy				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE							
(Informant) J. Burns							
(ADDRESS) 1708 Tracy Ave.							
FILED				DATE			
APR 4 1912				N. J. Wheeler			
REGISTRAR				PLACE OF BURIAL OR REMOVAL			
				Highland April 4, 1912			
				UNDERTAKER			
				Watkins Bros. 1729 Lydia			
				ADDRESS			

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*, *peritonaeum*, 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.)

