

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.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS	
County	Barry	Registration District No.	2004
Township	Exeter	Primary Registration District No.	6289
or Village		St.	
or City		Ward	
FULL NAME		File No. 16140	
Mary M. Antle		Registered No. 7	
[If death occurred in a hospital or institution, give its NAME instead of street and number]			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	DATE OF DEATH	
Female	White	May 25 th , 1912	
SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)		(Month) (Day) (Year)	
Babe		I HEREBY CERTIFY, that I attended deceased from 5/28, 1912, to 5/28, 1912,	
DATE OF BIRTH		that I last saw her alive on 5/25, 1912,	
May 26, 1912		and that death occurred, on the date stated above, at 10 A.M.	
(Month) (Day) (Year)		The CAUSE OF DEATH* was as follows:	
AGE		Unknown	
yrs. mos. ds.		158	
If LESS than 1 day, hrs. or min.?		(Duration) yrs. mos. ds.	
OCCUPATION		Contributory	
(a) Trade, profession, or particular kind of work		8 (SECONDARY)	
(b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) yrs. mos. ds.	
BIRTHPLACE		(Signed) J. D. Rauscher, M. D.	
(City or town, State or foreign country)		5/24, 1912 (Address) Cassville	
Wayne Mo		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS:	NAME OF FATHER	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	BIRTHPLACE OF FATHER	At place of death yrs. mos. ds. In the State yrs. mos. ds.	
	MAIDEN NAME OF MOTHER	Where was disease contracted if not at place of death?	
	BIRTHPLACE OF MOTHER	Former or usual residence	
Barry Mo		PLACE OF BURIAL OR REMOVAL	
Dennie Erwin		Maplewood	
Barry Co Mo		DATE OF BURIAL	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		3/29, 1912	
(Informant) J. B. Erwin		UNDERTAKER	
(ADDRESS) Wayne Mo		Huskey Bros	
Filed 5/29, 1912 W. P. Erwin		ADDRESS	
REGISTRAR		Exeter 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*, *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.)

