

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County Hoff  
Township Wesley Rural  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 424 File No. 20484  
Primary Registration District No. 5579 Registered No. \_\_\_\_\_

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

FULL NAME Unnamed Stillborn

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE MARRIED  WIDOWED OR DIVORCED   
(Write the word)

DATE OF BIRTH June 16, 1912  
(Month) (Day) (Year)

AGE: 0 yrs. 0 mos. 0 ds. IF LESS than 1 day, 2 hrs. or 12 min.?

OCCUPATION (a) Trade, profession, or particular kind of work 0  
(b) General nature of industry, business, or establishment in which employed (or employer) X 0

BIRTHPLACE (City or town, State or foreign country) Hoff Co Mo

PARENTS  
NAME OF FATHER Tom Thurst  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Hoff Co Mo  
MAIDEN NAME OF MOTHER Effie Patton  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Hoff Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Tom Thurst  
(ADDRESS) Grubville Mo

Filed June 16, 1912 E. W. Elders  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from June 16, 1912, to June 16, 1912, that I last saw him alive on June 16, 1912, and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH\* was as follows:  
infantile Convulsions  
86 (Duration) 1 yrs. 1 mos. 1 ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) 1 yrs. 1 mos. 1 ds.  
(Signed) E. W. Elders M. D.  
(Address) N. W. Jones Rd. Grubville 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 Grubville DATE OF BURIAL June 17, 1912  
UNDERTAKER Messing ADDRESS Grubville 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, Compositor, 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, Sarcoma*, 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.)

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PLACE OF DEATH

County Jefferson  
Township Big River  
or  
Village  
or  
City

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

Registration District No. 424  
Primary Registration District No. 5579

File No. 20484  
Registered No.

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

FULL NAME

Unnamed

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single  
*(Write the word)*

DATE OF BIRTH June 16, 1912  
*(Month) (Day) (Year)*

AGE 20 yrs. mos. ds. *If LESS than 1 day, hrs. 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) Jefferson Co. Mo.

NAME OF FATHER Tom Froot

BIRTHPLACE OF FATHER (City or town, State or foreign country) Jefferson Co. Mo.

MAIDEN NAME OF MOTHER Effie Patton

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Jefferson Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Tom Froot

(ADDRESS) Granville

Filed June 26 1912 H.W. Elders REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 16, 1912  
*(Month) (Day) (Year)*

I HEREBY CERTIFY, that I attended deceased from June 16, 1912, to June 16, 1912  
that I last saw him alive on June 16, 1912  
and that death occurred, on the date stated above, at 11.54 P.M.

The CAUSE OF DEATH\* was as follows:  
Stillborn

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) H.W. Elders M.D. (Address) Hillsboro R. 7 D

\*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 Granville DATE OF BURIAL June 17, 1912

UNDERTAKER Frank Hamper ADDRESS Granville Mo

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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.)