V. S. No. 2.

RESERVED FOR BINDING

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so they be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County: St. Francois

Township: Perry

or Village:

or City: ~~Bonneterre~~ (NO. ; St.; Ward)

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 775 — File No. 21036

Primary Registration District No. 6020 — Registered No. 50

FULL NAME Un Named Henson

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
Male	White	Single

DATE OF BIRTH: June (Month) 13 (Day), 1912 (Year)

AGE: ...yrs. ...mos. ...ds. — If LESS than 1 day 16 hrs. or ... min.?

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

BIRTHPLACE (City or town, State or foreign country): Bonneterre Mo.

PARENTS
FATHER: Joseph Henson
BIRTHPLACE OF FATHER (City or town, State or foreign country): Iron Co Mo.
MAIDEN NAME OF MOTHER: Lara Bradley
BIRTHPLACE OF MOTHER (City or town, State or foreign country): St. Francois

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph Henson

(ADDRESS) Bonneterre Mo.

Filed June 14, 1912. T. A. Son
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 13 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from June 13, 1912, to June 13, 1912, that I last saw him alive on June 13, 1912, and that death occurred, on the date stated above, at 6:00 m.

The CAUSE OF DEATH* was as follows:

Premature 151

159

(Duration) ...yrs. ...mos. ...ds.

Contributory (SECONDARY) ...

(Duration) ...yrs. ...mos. ...ds.

(Signed) Dr. Lucy M. D.

6-14, 1912 (Address) Bonneterre

*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: Bonneterre Cemetery

DATE OF BURIAL: June 14, 1912

UNDERTAKER: C. A. Benham

ADDRESS: Bonneterre 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,* of ..... (name origin; "Cancer" is less ite; avoid use of "Tumor" for malignant neopl); *Measles; Whooping cough; Chronic valvular hlisease; Chronic interstitial nephritis,* etc. The contrry (secondary or intercurrent) affection need not bted unless important. Example: *Measles* (disease ng death), *29 ds.; Bronchopneumonia* (secondarro *ds.* Never report mere symptoms or terminal nditions, such as "Asthenia," "Anaemia" (mere mptomatic), "Atrophy," "Collapse," "Coma," "Convins," "Debility" ("Congenital," "Senile," etc.), "Drops "Exhaustion," "Heart failure," "Haemorrhage, hanition," "Marasmus," "Old age," "Shock," "Uraen "Weakness," etc., when a definite disease can be ertained as the cause. Always qualify all diseases sulting from childbirth or miscarriage, as "PUERPL *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cae for which surgical operation was undertaken. F VOLENT DEATHS state MEANS OF INJURY and qualify a ACIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* ucl if impossible to determine definitely. Examples: *Acidental drowning; Struck by railway train—accident Revolver wound of head—homicide; Poisoned by cbolic acid—probably suicide.* The nature of the irry, as fracture of skull, and consequences (e. g., *tpsis, tetanus*) may be stated under the head of "Contbutory." (Recommendations on statement of cause of death approved by Committee on Nomenclature c the American Medical Association.)

HUGH STEPHENS, JEFFERSON CITY.