

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 CERTIFICATE OF DEATH		
County	<i>Cass</i>	Registration District No.	<i>147</i>	File No.	<i>22457</i>
Township	<i>Austin</i>	Primary Registration District No.	<i>5210</i>	Registered No.	<i>17</i>
or		(NO. St. Ward)			
Village					
or					
City					
FULL NAME <i>Guy Stowers</i>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<i>male</i>	<i>white</i>	<i>single</i>	<i>July - 2 - 1912</i> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<i>June 6, 1907</i> (Month) (Day) (Year)			<i>July - 1 - 1912</i> , to <i>July - 2 - 1912</i>		
AGE			that I last saw him alive on <i>July - 2 - 1912</i>		
<i>5</i> yrs. <i>26</i> mos. <i>26</i> ds.			and that death occurred, on the date stated above, at <i>11 A.M.</i>		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work			<i>Sub Peritonitis</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)			<i>WOM</i>		
BIRTHPLACE			(Duration) <i>1</i> yrs. <i>1</i> mos. <i>1</i> ds.		
(City or town, State or foreign country) <i>Cass Mo</i>			Contributory		
PARENTS	NAME OF FATHER	<i>J. A. Stowers</i>	(Duration) <i>1</i> yrs. <i>1</i> mos. <i>1</i> ds.		
	BIRTHPLACE OF FATHER	<i>Virginia</i>	(Signed) <i>F. B. Ellis</i> M. D.		
	MAIDEN NAME OF MOTHER	<i>Cassie B. Stover</i>	<i>July 2 1912</i> (Address) <i>Garden City Mo</i>		
	BIRTHPLACE OF MOTHER	<i>Cass Mo</i>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
(Informant) <i>J. A. Stowers</i>			At place of death <i>1</i> yrs. <i>1</i> mos. <i>1</i> ds. In the State <i>1</i> yrs. <i>1</i> mos. <i>1</i> ds.		
(ADDRESS) <i>Garden City Mo</i>			Where was disease contracted if not at place of death?		
Filed <i>July 3 1912</i> <i>Dr. B. B. Lent</i> REGISTRAR			Former or usual residence		
			PLACE OF BURIAL OR REMOVAL		
			<i>Garden City Mo</i>		
			DATE OF BURIAL		
			<i>July - 4 - 1912</i>		
			UNDERTAKER		
			<i>J. M. A. Kauffman</i>		
			ADDRESS		
			<i>Garden City</i>		

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, Household work*, 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" (mere 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 Cass
 Township Austin
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 147 File No. _____
 Primary Registration District No. 5210 Registered No. 17

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

FULL NAME Guy Stowers

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single
 (Write the word)
 DATE OF BIRTH June 6, 1907
 (Month) (Day) (Year)
 AGE 5 yrs. 26 mos. 26 ds.
 If LESS than 1 day, _____ hrs. or _____ min.

DATE OF DEATH July 2, 1912
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from July 1, 1912, to July 2, 1912,
 that I last saw him alive on July 2, 1912,
 and that death occurred, on the date stated above, at 11 a. m.

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

The CAUSE OF DEATH* was as follows:
Traumatic Perforations
produced by the wheel of a self-
propelled binder running over child's
abdomen (Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) Cass Mo.
 NAME OF FATHER J. A. Stowers
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia
 MAIDEN NAME OF MOTHER Cassie B. Slye
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Cass Co. Mo.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) Frank B. Ellis M. D.
July 2, 1912 (Address) Garden City Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. A. Stowers
 (ADDRESS) Garden City 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 _____

Filed July 8, 1912 Dr. B. B. Zook
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Garden City Mo. DATE OF BURIAL July 4, 1912
 UNDERTAKER J. M. Stauffman ADDRESS Garden City Mo.

Revised United States Standard Certificate of Death

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