

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	
County <u>Chariton</u>		BUREAU OF VITAL STATISTICS	
Township <u>Salisbury</u>		Registration District No. <u>175</u>	CERTIFICATE OF DEATH File No. <u>22492</u>
Village _____		Primary Registration District No. <u>5-243</u>	Registered No. <u>45</u>
City _____ (NO. _____) St. _____ Ward _____		[If death occurred in a hospital or institution, give its NAME instead of street and number]	
FULL NAME <u>not named, (3 days old)</u>			

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>M.</u>	COLOR OR RACE <u>B.</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Infant</u> (Write the word)	DATE OF DEATH <u>7-4</u> , 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>7-1</u> , 191 <u>2</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>7-1</u> , 191 <u>2</u> , to <u>7-4</u> , 191 <u>2</u> , that I last saw him alive on <u>7-4</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>12</u> m.		
AGE yrs. _____ mos. <u>3</u> ds. _____			The CAUSE OF DEATH* was as follows: <u>Immaturity</u> <u>159C</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>0</u>			Duration _____ yrs. _____ mos. _____ ds.		
BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>			Contributory (SECONDARY) Duration _____ yrs. _____ mos. _____ ds.		
PARENTS	NAME OF FATHER <u>Boyd Patterson</u>	(Signed) <u>O. J. Money</u> M. D. <u>7/4</u> , 191 <u>2</u> (Address) <u>Salisbury, Mo</u>			
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal.			
	MAIDEN NAME OF MOTHER <u>Mary Hays</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo</u>	Where was disease contracted If not at place of death? Former or usual residence _____			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>O. J. Money</u> (ADDRESS) <u>Salisbury</u>			PLACE OF BURIAL OR REMOVAL <u>Burden Chapel</u> DATE OF BURIAL <u>7/4</u> , 191 <u>2</u>		
Filed <u>7/4</u> , 191 <u>2</u> <u>St. W. Hawkins</u> REGISTRAR			UNDERTAKER <u>Father</u> ADDRESS <u>Salisbury, Mo</u>		

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, 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" (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.)

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

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PLACE OF DEATH
 County Charlton
 Township Salisbury
 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. 175 File No. 225192
 Primary Registration District No. 5243 Registered No. 45

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

FULL NAME Not named

PERSONAL AND STATISTICAL PARTICULARS

SEX m. COLOR OR RACE B. SINGLE MARRIED Infant WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH 7 - 1, 1912
 (Month) (Day) (Year)

AGE _____ yrs. _____ mos. 3 ds. IF LESS than 1 day, _____ hrs. or _____ mins.

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

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

PARENTS
 NAME OF FATHER Bert Patterson
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.
 MAIDEN NAME OF MOTHER Mary Hays
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) O. T. Money
 (ADDRESS) Salisbury

Filed 7/4 1912 G. W. Hawkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7 - 4, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1912, to 7 - 4, 1912, that I last saw him alive on 7 - 4, 1912, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:
Congenital Heart
Lesion
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) O. T. Money M. D.
7 - 4 1912 (Address) Salisbury 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 Porter Chapel DATE OF BURIAL 7 - 4, 1912
 UNDERTAKER Father ADDRESS Salisbury Mo.

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