

PLACE OF DEATH

County Lincoln
 Township Union
 or
 Village
 or
 City _____ (NO)

Registration District No. 490Primary Registration District No. 5653
 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

 23501 ~~22681~~
 File No. _____
Registered No. 20
 (If death occurred in a
 hospital or institution,
 give its NAME instead
 of street and number)

FULL NAME

Albert Harris

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>Black</u>	SINGLE MARRIED <u>Married</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Unknown</u> , 18 <u>27</u> (Month) (Day) (Year)		
AGE <u>85</u> yrs. <u>X</u> mos. <u>X</u> ds.		If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Day Laborer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Dry laborer on farm</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Lincoln Co, Mo</u>		
PARENTS	NAME OF FATHER <u>Unknown</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Unknown</u>	
	MAIDEN NAME OF MOTHER <u>Unknown</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Unknown</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. A. Knox
Whiteside, Mo.

(ADDRESS)

Filed

July 2 1912
A. H. A.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June 27, 1912
 (Month) (Day) (Year)

 I HEREBY CERTIFY, that I attended deceased from
Aug, 1912, to June 27, 1912,
 that I last saw him alive on June 27, 1912,
and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Aortic Stenosis and
Mitral Regurgitation,
9 1/2 (Duration) 2 1/2 yrs. ____ mos. ____ ds.

Contributory

(SECONDARY)

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

(Signed)

J. A. Knox M. D.
June 28, 1912 (Address) Whiteside 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

Auburn, Mo., June 28, 1912

DATE OF BURIAL

UNDERTAKER

Florence
Whiteside Mo.

ADDRESS

Revised United States Standard Certificate of Death

by U. S. Census and American Public Health
Association]

of occupation.—Precise statement of occupation is very important, so that the relative health-arious pursuits can be known. The question to each and every person, irrespective of any occupations a single word or term on will be sufficient, e. g., *Farmer* or *Planter*, *Composer*, *Architect*, *Locomotive engineer*, *Fireman*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the name of the business or industry, and therefore an example is provided for the latter statement; it is used only when needed. As examples: (a)

Cotton mill; (a) *Salesman*, (b) *Grocery*; (a) *Auto*, (b) *Automobile factory*. The material may form part of the second statement. Examples: *Iron* "Laborer," "Foreman," "Manager," "Carpenter," etc., without more precise specification, as *Coal miner*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Householder*, and children, not gainfully employed, as *At home*. Care should be taken to really state the occupations of persons engaged in service for wages, as *Servant*, *Cook*, *Housekeeper*. If the occupation has been changed or given up, the date of the DISEASE CAUSING DEATH, state the date of beginning of illness. If retired from business, the fact may be indicated thus: *Farmer (retired)*. For persons who have no occupation enter *None*.

of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with remote and causation), using always the same term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of *Strangulated tonsillitis*); *Typhoid fever* (never report "Typhoid"); *Lobar pneumonia*; *Bronchopneumonia* (if unqualified, is indefinite); *Tuberculosis meningitis*, *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 diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis." For violent deaths state the State cause for which surgical operation was taken. For VIOLENT DEATHS state MEANS OF INJURY, qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, if 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.)

