

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH	
			July 22, 1912	
DATE OF BIRTH	June 27, 1842		I HEREBY CERTIFY, that I attended deceased from	
			Apr 2, 1912, to July 2, 1912,	
AGE	70 yrs. 5 mos. 5 ds.		that I last saw him alive on June 21, 1912,	
			and that death occurred, on the date stated above, at 10 <sup>45</sup> a.m.	
OCCUPATION	Section Foreman		The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work	Railroading		Carcinoma of the tubercle	
(b) General nature of industry, business, or establishment in which employed (or employer)	Paris, France		460	
BIRTHPLACE (City or town, State or foreign country)	Paris, France		(Duration) yrs. mos. ds.	
PARENTS	NAME OF FATHER	Joseph Bennett	Contributory	
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	don't know	(Secondary)	
	MAIDEN NAME OF MOTHER	don't know	(Duration) yrs. mos. ds.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	don't know	(Signed) A. M. Townsend M. D.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			July 4 <sup>th</sup> , 1912 (Address) Quattman, Md	
(Informant)	Gladys Bennett		* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
(ADDRESS)	Quattman		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
Filed July 7, 1912	F. W. Ryan		At place of death yrs. mos. ds. In the State yrs. mos. ds.	
REGISTRAR			Where was disease contracted if not at place of death?	
			Former or usual residence	
			PLACE OF BURIAL OR REMOVAL	
			Quattman	
			DATE OF BURIAL	
			July 5, 1912	
			UNDERTAKER	
			W. A. Hackett	

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

PLACE OF DEATH Madison  
County Madison  
Township Quattman  
or Quattman  
Village Quattman  
or  
City (NO. St. Ward)

Registration District No. 625 File No. 23738 22998  
Primary Registration District No. 4378 Registered No.

FULL NAME Joseph Bennett

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

# 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*, *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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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH  
 County Nodaway  
 Township \_\_\_\_\_  
 or  
 Village Quintman  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 628 File No. 23938  
 Primary Registration District No. 4378 Registered No. \_\_\_\_\_

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

FULL NAME Joseph Bennett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH July 2, 1912  
(Month) (Day) (Year)

DATE OF BIRTH June 27, 1843  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 2, 1912, to July 2, 1912, that I last saw him alive on June 21, 1912, and that death occurred, on the date stated above, at 10.45 a.m.

AGE 70 yrs. 5 mos. 5 ds.  
IF LESS than 1 day, hrs. or mins.

The CAUSE OF DEATH\* was as follows:  
Carcinoma of the Intestine  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

BIRTHPLACE  
 (City or town, State or foreign country) Paris, France

Contributory \_\_\_\_\_  
(SECONDARY)  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) G. M. Townsend M. D.  
July 4, 1912 (Address) Quintman Mo.

PARENTS  
 NAME OF FATHER Joseph Bennett  
 BIRTHPLACE OF FATHER Don't Know  
 (City or town, State or foreign country)  
 MAIDEN NAME OF MOTHER Don't Know  
 BIRTHPLACE OF MOTHER Don't Know  
 (City or town, State or foreign country)

\*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  
 (Informant) Gladys Bennett  
 (ADDRESS) Quintman Mo.

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 \_\_\_\_\_

Filed July 7, 1912 F. M. Ryan M.D.  
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Quintman Mo. DATE OF BURIAL July 3, 1912  
 UNDERTAKER F. A. Haskett ADDRESS Quintman

Original file, date JUL 7, 1912

All information called for must be written on this Supplementary Certificate.

# Revised United States Standard Certificate of Death

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

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