

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County Adair
Township _____
or _____
Village _____
or _____
City Kirkville (NO. 805 W. Prince St., 2 Ward)

Registration District No. 4 File No. 25324
Primary Registration District No. 3001 Registered No. 62

FULL NAME Samuel H. Dean

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Aug 24 1853
(Month) (Day) (Year)

AGE 54 yrs. 11 mos. 15 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer 1-02
(b) General nature of industry, business, or establishment in which employed (or employer) Farming

BIRTHPLACE (City or town, State or foreign country) Cazenovia N. York

PARENTS
NAME OF FATHER Benjamin Dean
BIRTHPLACE OF FATHER (City or town, State or foreign country) Island
MAIDEN NAME OF MOTHER Grine
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Island

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 7 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 1st, 1912, to August 7, 1912, that I last saw him alive on August 7, 1912, and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:
myocarditis
930
930 (Duration) 2 yrs. 6 mos. _____ ds.

Contributory ataxic paraplegia
(SECONDARY) (Duration) two yrs. _____ mos. _____ ds.

(Signed) J. N. Wagner M. D.
Aug 7 1912 (Address) Kirkville 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. 2 mos. 2 ds. In the State _____ yrs. 2 mos. 2 ds.
Where was disease contracted If not at place of death? Auburn, New York
Former or usual residence Auburn, New York

PLACE OF BURIAL OR REMOVAL Auburn N.Y. DATE OF BURIAL Aug 11 1912

UNDERTAKER H. C. Wilson ADDRESS Kirkville, Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Alice W. Dean
(ADDRESS) Kirkville Mo

Filed 8/8 1912 O. S. Garrison REGISTRAR

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.

At home, who are engaged in the duties of the family (not paid *Housekeepers* who receive a salary), may be entered as *Housewife, Household*, and children, not gainfully employed, or *At home*. Care should be taken to recite fully the occupations of persons engaged in service for wages, as *Servant, Cook, Housemaid*. If the occupation has been changed or given up, state the date of the DISEASE CAUSING DEATH, state the beginning of illness. If retired from business, the fact may be indicated thus: *Farmer (retired)*. For persons who have no occupation, state *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with reference to time 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 "Typhoid fever" (never report "Typhoid fever"); *Lobar pneumonia; Bronchopneumonia* (if unqualified, is indefinite); *Tuberculosis meningitis, peritonaeum*, 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.)

