

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.)



MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of Audrain } ss.

State File No. 25364

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 30th day of April, 1941, before me appears Mina
Fowler, who, upon her oath, states that the original record of ^{birth} death
for MARY A. JOHNSON, ^{died} August 29, 1912, in the State of
^{born} Missouri, and which was filed at VANDALIA MO on AUG 30, 1912, should be corrected as follows:

Item No. FULL NAME should read MARY ANN DANIEL JOHNSON

Instead of MARY A JOHNSON

Item No. AGE should read 55 YEARS 1 Mo. 15 DAS.

Instead of 57 YEARS 1 Mo. 15 DAS.

Item No. ^{NAME} of FATHER should read ELDRED DANIEL

Instead of ERDRED DANIEL

Item No. ^{BIRTH PLACE} of FATHER should read FREDRICKS BURG VIRGINIA

Instead of KY.

Item No. ^{MAIDEN NAME} of MOTHER should read MARY VAN CULBERTSON

Instead of VAN CULBERTSON

Item No. ^{BIRTH PLACE} of MOTHER should read ROSCO MISSOURI

Instead of MO.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mina Fowler daughter
Relationship.

Bowling Green, Mo.
Present Address.

Subscribed and sworn to before me this 30 day of April, 1941

My Commission expires January 7 1944 Mary Claudet Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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 Audrain
Township Quiver
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 912 File No. 25364
Primary Registration District No. 6232 Registered No. _____

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

FULL NAME Mary A. Johnson

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH July 12, 1857
(Month) (Day) (Year)

AGE 57 yrs. 1 mos. 15 ds. If LESS than 1 day, hrs. or min.

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

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

PARENTS NAME OF FATHER Erdred Daniel
BIRTHPLACE OF FATHER Ky.
MAIDEN NAME OF MOTHER W. J. Culbertson
BIRTHPLACE OF MOTHER Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. S. Johnson

(ADDRESS) Vandalia, Mo.
Filed Oct 10, 1912 W. S. Blaus
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 28, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw her alive on _____, 191____, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:
Presumably Heart trouble
She was dead when I arrived. Had no knowledge of any organic trouble
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. W. Bland M. D.
8-30, 1912 (Address) Vandalia

*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 Vandalia, Mo. DATE OF BURIAL Aug 30, 1912
UNDERTAKER W. S. Waters ADDRESS Vandalia, Mo.

MARGIN RESERVED FOR BINDING

S. No. 2

(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.)

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