

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 Livingston
Township Rich Hill
or
Village
or
City

Registration District No. 508 File No. 26774
Primary Registration District No. 5685 Registered No. 98
(NO. Lloyd Chapman St. _____ Ward)

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

FULL NAME Lloyd Chapman

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH March 15th 1899
(Month) (Day) (Year)
March 1st 1899

AGE 13¹³ yrs. 3⁵ mos. 11¹¹ ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

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

PARENTS
NAME OF FATHER W. H. Chapman
BIRTHPLACE OF FATHER Canada
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Effie Wicks
BIRTHPLACE OF MOTHER Livingston Co Mo
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Effie Chapman

(ADDRESS) Chillicothe Mo R7
Filed Aug 13 1912 R. Barney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 28, 1912, to Aug 12, 1912, that I last saw him alive on Aug 12, 1912, and that death occurred, on the date stated above, at 12 P.M.

The CAUSE OF DEATH* was as follows:
Pyæmia 194
W W 36
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) W. S. Wolfe M. D.
Aug 13 1912 (Address) Wheeling 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 Wheeling Mo DATE OF BURIAL Aug 13 1912
UNDERTAKER F. L. Smiley ADDRESS Wheeling Mo

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.)



N. 7. should be carefully supplied. PAGE 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

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

PLACE OF DEATH
 County Livingston
 Township Rich Hill
 or
 Village _____
 or
 City _____ (NO _____ St. _____ Ward)

Registration District No. 508 File No. 26774
 Primary Registration District No. 5685 Registered No. 98

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

FULL NAME Lloyd Chapman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (#rite the word) Single
 DATE OF BIRTH Mar. 1, 1899
 (Month) (Day) (Year)
 AGE 13 yrs. 5 mos. 11 ds. IF LESS than 1 day, _____ hrs. or _____ mins.

DATE OF DEATH Aug. 12, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 28, 1912 to Aug. 12, 1912, that I last saw him alive on Aug. 12, 1912, and that death occurred, on the date stated above, at 12 p. m.

OCCUPATION (a) Trade, profession, or particular kind of work Farmer's son
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

The CAUSE OF DEATH* was as follows:

Pyæmia and Septicæmia

BIRTHPLACE (City or town, State or foreign country) Sampson, Mo.
 NAME OF FATHER W. H. Chapman
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Canada
 MAIDEN NAME OF MOTHER Effie Wingo
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Livingston Co. Mo.

Contributory (SECONDARY) Infection from Stepperson
 (Duration) _____ yrs. _____ mos. _____ ds.
a pin
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W. Swope M. D.
Aug. 13, 1912 (Address) Wheeling 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Effie Chapman
 (ADDRESS) Chillicothe Mo. 1577
 Filed 10/5/12 1912 REGISTRAR R. Barney

PLACE OF BURIAL OR REMOVAL Wheeling Mo. DATE OF BURIAL Aug. 13, 1912
 UNDERTAKER F. L. Smiley ADDRESS Wheeling Mo.

Revised United States Standard Certificate of Death

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

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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 septichaemia," "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 nomenclature of the death approved by Committee on Nomenclature of the American Medical Association.)