

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<u>Lewis</u>	Registration District No.	<u>483</u> 5644B	File No.	<u>29972</u>
Township	<u>Reddish</u>	Primary Registration District No.	<u>5644B</u>	Registered No.	<u>23</u>
or Village		City	(NO. _____) St. _____ Ward _____	(If death occurred in a hospital or institution, give its NAME instead of street and number)	
FULL NAME			<u>Clyde Albert Miner</u>		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<u>male</u>	<u>white</u>	<u>single</u>	<u>August 7, 1912</u> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<u>October 8, 1910</u> (Month) (Day) (Year)			<u>Aug. 6, 1912, to Aug 7, 1912,</u>		
AGE			that I last saw him alive on <u>August 7, 1912,</u>		
<u>2</u> yrs. <u>6</u> mos. <u> </u> ds.			and that death occurred, on the date stated above, at <u>2 P. m.</u>		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work <u>Child</u>			<u>Cholera Infantum</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Play</u>			<u>12047</u>		
BIRTHPLACE			Contributory		
<u>Lewis County Mo.</u> (City or town, State or foreign country)			<u>work</u> (Duration) yrs. _____ mos. _____ ds.		
PARENTS	NAME OF FATHER		(Signed) <u>J. C. Brown</u> M. D.		
	<u>Claude Miner</u>		<u>Aug 8, 1912</u> (Address) <u>Leviatown Mo</u>		
	BIRTHPLACE OF FATHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	<u>Kirwin Kansas</u> (City or town, State or foreign country)		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
MAIDEN NAME OF MOTHER		At place of death yrs. _____ mos. _____ ds. In the State yrs. _____ mos. _____ ds.			
<u>Eliza Ellen Baxter</u>		Where was disease contracted if not at place of death?			
BIRTHPLACE OF MOTHER		Former or usual residence			
<u>Lewis County Missouri</u> (City or town, State or foreign country)		PLACE OF BURIAL OR REMOVAL			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			<u>Midway Cemetery</u>		
(Informant) <u>Laura Wittman</u>			DATE OF BURIAL		
(ADDRESS) <u>LaBelle</u>			<u>Aug. 8, 1912</u>		
Filed <u>Sept. 1, 1912</u>			UNDERTAKER		
REGISTRAR			<u>J. S. Coder</u>		
			ADDRESS		
			<u>La Belle Mo.</u>		

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

PLACE OF DEATH
County Lewis
Township Reddish
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 483 File No. 29972
Primary Registration District No. 5644B Registered No. 23

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

FULL NAME Clyde Albert Miner

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Oct. 8, 1910
(Month) (Day) (Year)

AGE 2 yrs. 6 mos. ds. If LESS than 1 day, ___ hrs. or ___ min.

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

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

PARENTS NAME OF FATHER Claude Miner BIRTHPLACE OF FATHER Kansas
MAIDEN NAME OF MOTHER Elizabeth Baxter BIRTHPLACE OF MOTHER Lewis Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Laura Weitman
(ADDRESS) LaBelle

Filed Nov. 8 1912 P. W. Jennings REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 7, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 6, 1912, to Aug. 7, 1912, that I last saw him alive on Aug. 7, 1912, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows: Cholera Infantum

(Duration) _____ yrs. _____ mos. 4 ds.

Contributory (SECONDARY) none
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. C. Brown M. D.
Aug. 8, 1912 (Address) Lewistown 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 Midway Cem. DATE OF BURIAL Aug. 8, 1912

UNDERTAKER J. T. Coder ADDRESS LaBelle, Mo.

Revised United States Standard Certificate of Death

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