

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	
County <u>Scott</u>		CERTIFICATE OF DEATH	
Township <u>Mauley</u>	Registration District No. <u>819</u>	File No. <u>31618</u>	
Village _____	Primary Registration District No. <u>6868</u>	Registered No. <u>35</u>	
City _____ (NO. _____)	St. _____	Ward _____	(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME <u>Narley Emerson</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX: <u>Male</u>	COLOR OR RACE: <u>White</u>	DATE OF DEATH <u>Sept 27</u> , 191 <u>2</u> (Month) (Day) (Year)	
SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)		I HEREBY CERTIFY, that I attended deceased from <u>Sept 20th</u> , 191 <u>2</u> , to <u>Only incident</u> , 191 <u>2</u> , that I last saw him alive on <u>Sept 20th</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>7.9</u> a.m.	
DATE OF BIRTH <u>May 25</u> , 191 <u>2</u> (Month) (Day) (Year)		The CAUSE OF DEATH* was as follows: <u>Indigestion = Indigestion following death of mother due to improper artificial food.</u>	
AGE <u>4</u> yrs. <u>2</u> mos. <u>2</u> ds. <u>158</u> or <u>159</u> min. <u>1198</u> If LESS than 1 day, hrs. or min.?		(Duration) _____ mos. <u>20</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>In fact 1198</u>		Contributory _____ (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>0</u>		(Signed) <u>Patrick S. Jain</u> M. D. <u>Sept 27</u> , 191 <u>2</u> (Address) <u>Mauley</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Mauley Township Ill.</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <u>Robert E. Emerson</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill.</u>	At place of death _____ yrs. _____ mos. _____ ds. In the _____ State _____ yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Martha Fisher</u>	Where was disease contracted if not at place of death? _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ill.</u>	Former or usual residence _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Robt E. Emerson</u>		PLACE OF BURIAL OR REMOVAL <u>Mauley Mo</u>	
(ADDRESS) <u>Mauley Mo.</u>		DATE OF BURIAL <u>Sept 27</u> , 191 <u>2</u>	
Filed <u>Sept 27</u> , 191 <u>2</u> <u>H. Kirkpatrick</u>	REGISTRAR <u>B. F. Earler</u>		ADDRESS <u>Mauley 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*, *Compositor*, *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.)



REGISTRARS SHALL NOT RE-CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH

County Scott
Township Morley
or
Village
or
City (NO. _____ St.; _____ Ward)

Registration District No. 8 19 File No. _____
Primary Registration District No. 6068 Registered No. 35

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

FULL NAME Harley Emerson

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED single WIDOWED OR DIVORCED (If file the word)
DATE OF BIRTH May 25 1912
(Month) (Day) (Year)
AGE 4 yrs. 2 mos. 2 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

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

PARENTS
NAME OF FATHER Robert E. Emerson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ill.
MAIDEN NAME OF MOTHER Margie Fisher
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robt. E. Emerson
(ADDRESS) Morley, Mo.

Filed 11/12 1912, H. F. Kirkpatrick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 27 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 20, 1912, to only medicine that I last saw him alive on Sept. 20, 1912, and that death occurred, on the date stated above, at 7 a m.

The CAUSE OF DEATH* was as follows: Gastro-enteritis

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

(Signed) Arthur S. You M. D. Sept. 27, 1912 (Address) Morley, 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 Morley, Mo. DATE OF BURIAL Sept. 27 1912
UNDERTAKER O. F. Carler ADDRESS Morley, Mo.

SEP

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FOR PENDING

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