

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>Boone</u>			Registration District No. <u>73</u>	File No. <u>35219</u>	
Township _____ or Village _____			Primary Registration District No. <u>306</u>	Registered No. <u>158</u>	
City <u>Columbia</u> (NO. _____) St. _____ Ward _____			[If death occurred in a hospital or institution give its NAME instead of street and number]		
FULL NAME <u>Mr Elizabeth Robinson</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Female</u>	COLOR OR RACE <input checked="" type="checkbox"/> <u>White</u>	MARITAL STATUS <input checked="" type="checkbox"/> <u>Married</u> (If write the word)	DATE OF DEATH <u>Nov 29</u> , 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>May 3</u> , 18 <u>46</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Nov 27</u> , 191 <u>2</u> , to <u>Nov 29</u> , 191 <u>2</u> , that I last saw her alive on <u>Nov 29th</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>5 P. M.</u> The CAUSE OF DEATH* was as follows: <u>23H</u> <u>Pulmonary Tuberculosis</u>		
AGE <u>65</u> yrs. <u>6</u> mos. <u>26</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?			Contributory (Duration) ___ yrs. ___ mos. ___ ds. (Signed) <u>W. A. Harris</u> M. D. <u>Nov 29</u> , 191 <u>2</u> (Address) <u>Columbia, Mo.</u>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Homemaker</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
BIRTHPLACE (City or town, State or foreign country) <u>Fayette Mo.</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.		
PARENTS	NAME OF FATHER <u>J. P. Preaton</u>	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Winchester Ky</u>	Where was disease contracted If not at place of death? Former or usual residence _____		
	MAIDEN NAME OF MOTHER <u>Cassie Robinson</u>	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Bourbon Co Ky</u>	PLACE OF BURIAL OR REMOVAL <u>Fayette</u>		
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>G. G. Robinson</u> <u>Olympie 1105 Hinkson Ave</u> ADDRESS		DATE OF BURIAL <u>Dec 1</u> , 191 <u>2</u>		
	Filed <u>11/30</u> , 191 <u>2</u> <u>W. K. Kempf</u> REGISTRAR		ADDRESS <u>Columbia, 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 *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 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

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.

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

CERTIFICATE OF DEATH

PLACE OF DEATH
 County Boone
 Township _____
 or
 Village _____
 or
 City Columbia (NO. _____ St.; _____ Ward)

Registration District No. 73 File No. 35319
 Primary Registration District No. 3006 Registered No. 158

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

FULL NAME Mrs. Elizabeth Robinson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED married
(If wife the word)
 DATE OF BIRTH May 3 1846
(Month) (Day) (Year)
 AGE 65 yrs. 6 mos. 26 ds. IF LESS than
 1 day, _____ hrs. or _____ min.?
 OCCUPATION
 (a) Trade, profession, or particular kind of work House Keeper
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

DATE OF DEATH Nov. 29 1912
(Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Nov. 27 1912, to Nov. 29 1912, that I last saw her alive on Nov. 29 1912, and that death occurred, on the date stated above, at 3p. m.
 The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis

BIRTHPLACE (City or town, State or foreign country) Fayette Mo.
 NAME OF FATHER J. J. Preston
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Winchester Ky.
 MAIDEN NAME OF MOTHER Cassie Robinson
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Barton Co. Ky.

(Duration) _____ yrs. 6 mos. _____ ds.
 Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) W. A. Harris M. D.
Nov. 29 1912 (Address) Columbia Mo.
 *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) C. B. Robinson
 (ADDRESS) 1105 Hinkson Ave. Columbia

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. _____

Filed March 17 1913 W. K. Kempf
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Fayette Mo. DATE OF BURIAL Dec. 1 1912
 UNDERAKER Fancy Fur. Co. Columbia ADDRESS _____

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, 8 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*, *Sarcoma*, 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.)