

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	<i>Jefferson</i>		Registration District No.	<i>420</i>	File No. <i>36384</i>
Township			Primary Registration District No.	<i>3022</i>	Registered No. <i>96</i>
Village			City	<i>Desoto MO</i>	(NO. _____) (St. _____) (Ward _____)
FULL NAME			<i>720 Woodraker Wilson</i>		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	MARRIAGE	DATE OF DEATH		
<i>Male</i>	<i>White</i>	<i>Single</i>	<i>Nov 20</i>	<i>1912</i>	
DATE OF BIRTH		AGE	I HEREBY CERTIFY, that I attended deceased from		
<i>Nov 20</i>		<i>15</i>	<i>Nov 20</i> , 1912, to <i>Nov 20</i> , 1912,		
(Month) (Day) (Year)		(yrs. mos. ds.)	that I last saw her alive on <i>Nov 17</i> , 1912,		
		IF LESS than 1 day 1 hrs. or min.?	and that death occurred, on the date stated above, at <i>7:30</i> p.m.		
OCCUPATION		The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work		<i>Spurgulation</i>			
(b) General nature of industry, business, or establishment in which employed (or employer)		<i>157</i>			
BIRTHPLACE		Contributory <i>Permeation Birth Throm</i>			
(City or town, State or foreign country)		<i>Desoto Mo</i>			
PARENTS	NAME OF FATHER	(Duration) _____ yrs. _____ mos. _____ ds.			
	BIRTHPLACE OF FATHER	Contributory <i>Permeation Birth Throm</i>			
	MAIDEN NAME OF MOTHER	(Duration) _____ yrs. _____ mos. _____ ds.			
	BIRTHPLACE OF MOTHER	(Signed) <i>F. E. Skinner</i> M. D.			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		(Address) <i>Desoto Mo</i>			
(Informant) <i>Mabel Luengord</i>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
(ADDRESS) <i>Desoto MO</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
Filed <i>11/21</i> 1912 <i>Elmer Kempe</i>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.			
REGISTRAR		PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL	
		<i>Oakland Cemetery</i>		<i>11-22-1912</i>	
		UNDERTAKER		ADDRESS	
		<i>Desoto Trust Co</i>		<i>Desoto MO</i>	

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.)

HUGH STEPHENS, JEFFERSON CITY.

