

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 Lewis
Township _____
or
Village Lewistown
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 481

File No. 136499

Primary Registration District No. 4290

Registered No. 13

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

FULL NAME Richard Case

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widowed</u>
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DATE OF BIRTH
February 10, 1834
(Month) (Day) (Year)

AGE
78 yrs. 9 mos. 10 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE
(City or town, State or foreign country)
Kentucky

PARENTS

NAME OF FATHER <u>James Case</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kentucky</u>
MAIDEN NAME OF MOTHER <u>Margaret Bryant</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>U.S.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Ed. Case
Lewistown, Mo.
(ADDRESS)

Filed Nov. 26, 1912

J. L. Brown
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
November 26, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 3 that I was called a few minutes after he died, 1912, to 1912, that I last saw him alive on November -----, 1912, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:
Prostatic disease and Arteriosclerosis.

Died very suddenly while out in the yard.
(Duration) ___ yrs. ___ mos. ___ ds.
Contributory Advanced age.
(SECONDARY)

(Signed) J. L. Brown M. D.
Nov. 30, 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 <u>Lewistown, Mo.</u>	DATE OF BURIAL <u>Nov. 27, 1912</u>
UNDERTAKER <u>W. E. Allen</u>	ADDRESS <u>Lewistown, 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*

Farmer, Laborer, Laborer—Coal mine, etc.

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*, *peritonaeum*, 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 surgery was undertaken. For VIOLENT DEATHS state INJURY and qualify as ACCIDENTAL, SUICIDAL, or as probably such, if impossible to

drowning;
and of head
suicide.
consequence
the head

contributory." (Recommendations on statement of death approved by Committee on Nomenclature of the American Medical Association.)

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