

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Montgomery</i>		Registration District No.	<i>593</i>	
Township	<i>Osborne</i>		File No.	<i>39952</i>	
or Village	<i>New Florence</i>		Primary Registration District No.	<i>4351</i>	
or City			Registered No.		
(NO. _____ St. _____ Ward _____)			(If death occurred in a hospital or institution, give its NAME instead of street and number)		
FULL NAME <i>R. H. Constance</i>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
<i>male</i>	<i>white</i>	<i>single</i>	<i>November 5 / 1912</i> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<i>September 7, 1891</i> (Month) (Day) (Year)			<i>Nov. 1 —, 1912, to Nov. 5, 1912,</i>		
AGE			that I last saw him alive on <i>Nov. 5, 1912,</i>		
<i>21</i> yrs. <i>1</i> mos. <i>28</i> ds.			and that death occurred, on the date stated above, at <i>4 P. m.</i>		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work <i>Farmer</i>			<i>Diabetic Mellitus</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) _____			<i>57</i> <i>12 1/2</i> (Duration) yrs. mos. ds.		
BIRTHPLACE			Contributory <i>Ureic Coma</i>		
(City or town, State or foreign country) <i>England</i>			(SECONDARY) (Duration) yrs. mos. ds.		
PARENTS	NAME OF FATHER	<i>C. E. Constance</i>	(Signed) <i>F. P. Wyatt</i> M. D.		
	BIRTHPLACE OF FATHER	<i>England</i>	<i>Dec 6 1912</i> (Address) <i>New Florence - Mo</i>		
	MAIDEN NAME OF MOTHER	<i>Annie Burton</i>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	BIRTHPLACE OF MOTHER	<i>Virginia</i>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death _____ yrs. _____ mos. <i>19</i> ds. In the State <i>20</i> yrs. <i>3</i> mos. <i>1</i> ds.		
(Informant) _____			Where was disease contracted if not at place of death? _____		
(ADDRESS) _____			Former or usual residence <i>Near High Hill Mo.</i>		
Filed <i>Dec 6 1912</i>			PLACE OF BURIAL OR REMOVAL		
<i>B. J. Holcombe M.D.</i>			<i>New Florence Mo</i>		
REGISTRAR			DATE OF BURIAL		
			<i>Nov. 6, 1912</i>		
			UNDERTAKER		
			<i>Chas M. Wilson</i>		
			ADDRESS		
			<i>New Florence 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*, *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, peritonaeum*, 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.)



PLACE OF BIRTH

County Montgomery
 Township Darbyville
 or New Florence Mo
 Village New Florence Mo
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 593 File No. 399521
 Primary Registration District No. 4351 Registered No. _____

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

FULL NAME R. H. Constance

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Sept. 7</u> , 18 <u>91</u> (Month) (Day) (Year)		
AGE <u>21</u> yrs. <u>1</u> mo. <u>28</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>England</u>		
PARENTS	NAME OF FATHER <u>C. E. Constance</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>England</u>	
	MAIDEN NAME OF MOTHER <u>Aggie Burton</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Virginia</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Nov. 5, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 5, 1912, to Nov. 5, 1912, that I last saw him alive on Nov. 5, 1912, and that death occurred, on the date stated above, at 4 P.m.

The CAUSE OF DEATH* was as follows:
Diabetes Mellitus

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory uremia Coma
(SECONDARY)

(Duration) ___ yrs. ___ mos. 5 ds.

(Signed) F. P. Wyatt M. D.
Dec. 6, 1912 (Address) New Florence 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
New Florence

DATE OF BURIAL
Nov 6, 1912

UNDERTAKER
Chas. M. Wilson

ADDRESS
New Florence Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant) E. C. Constance X

ADDRESS New Florence Mo X

Filed Dec 6, 1912 B. J. Holcombe REGISTRAR

Original file, date DEC, 19___ All information called for must be written on this Supplementary Certificate.

WRITE PLAINLY - WITH UNFADING INK - THIS IS

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[Approved by U. S. Census and American Public Health
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