

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

PLACE OF DEATH ✓  
 County Henry  
 Township White Registration District No. 353 File No. 4075  
 or White Primary Registration District No. 4210 Registered No. 50  
 Village \_\_\_\_\_  
 or \_\_\_\_\_  
 City Urich (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

FULL NAME Walter Spearman

**PERSONAL AND STATISTICAL PARTICULARS**

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single

DATE OF BIRTH Sept 1, 1893  
 (Month) (Day) (Year)

AGE 18 yrs. 4 mos. 18 ds. If LESS than 1 day, — hrs. or — min.?

OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) 0

BIRTHPLACE (City or town, State or foreign country) Adrian Mo

**PARENTS**  
 NAME OF FATHER Jesse Spearman  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo  
 MAIDEN NAME OF MOTHER Catherine McHenry  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Bates County Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse Spearman  
 (ADDRESS) Urich Mo

Filled Jan 22, 1913 R. R. Smith  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Jan 18, 1913  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 13, 1913, to Jan 18, 1913, that I last saw him alive on Jan 18, 1913, and that death occurred, on the date stated above, at 10A m.

The CAUSE OF DEATH\* was as follows:  
108  
9/18 Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Endocarditis  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. S. McDowell M. D.  
Jan 18, 1913 (Address) Urich 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 8 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the 18 yrs. 4 mos. 18 ds.

Where was disease contracted if not at place of death? at home

Former or usual residence Mo

PLACE OF BURIAL OR REMOVAL Urich Cemetery DATE OF BURIAL Jan 20, 1913

UNDERTAKER J. H. Smith ADDRESS Urich Mo

# Revised 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

PHYSICIANS should state whether or not the person is very important.

Information should be carefully supplied. A fee should be stated EXCEPT in plain terms, so that it may be properly classified. Exact statement.

PLACE OF DEATH

County Henry  
 Township White Oak  
 (or) \_\_\_\_\_  
 (or) \_\_\_\_\_  
 City Urich (NO. \_\_\_\_\_) St.: \_\_\_\_\_ Ward \_\_\_\_\_

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

Registration District No. 353 File No. \_\_\_\_\_  
 Primary Registration District No. 4210 Registered No. 50

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

FULL NAME Walter Spearman

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single  
 (Write the word)  
 DATE OF BIRTH Sept. 1, 1893  
 (Month) (Day) (Year)  
 AGE 18 yrs. 4 mos. 18 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?  
 OCCUPATION (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Adrain Mo.  
 PARENTS  
 NAME OF FATHER Jesse Spearman  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.  
 MAIDEN NAME OF MOTHER Catharine McHenry  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Bates Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Jesse Spearman  
 (ADDRESS) Urich, Mo.

Filed Jan 22 1913 D. P. Smith  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 18, 1913  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from Jan. 13, 1913 to Jan. 18, 1913, that I last saw him alive on Jan. 18, 1913, and that death occurred, on the date stated above, at 1001 m.  
 The CAUSE OF DEATH\* was as follows:  
Pneumonia  
Double Lobar  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) McDonald M. D.  
Jan. 18, 1913 (Address) Urich, 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 Urich Cemetery DATE OF BURIAL Jan. 20, 1913  
 UNDERTAKER H. P. Smith ADDRESS Urich, Mo.

# Revised United States Standard Certificate of Death

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

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*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.)

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