

MARGIN RESERVED FOR BINDING

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 Shelby  
Township  
or  
Village Hannewell Mo  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 828 File No. 3814  
Primary Registration District No. 4501 Registered No. 1

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

FULL NAME James I. Howe

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Oct 20, 1880  
(Month) (Day) (Year)

AGE 32 yrs. 4 mos. 7 ds.  
If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

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

PARENTS  
NAME OF FATHER William I. Howe  
BIRTHPLACE OF FATHER Hannewell Mo  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Fannie James  
BIRTHPLACE OF MOTHER Mo.  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Fannie Howe  
(ADDRESS) Hannewell Mo

Filed Jan 14, 1913. L. A. Dobson  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 13, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 14, 1910, to Jan 12, 1913, that I last saw him alive on Jan 12, 1913, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH\* was as follows:  
Tuberculosis of lungs

2,3 A  
(Duration) 6 yrs. \_\_\_ mos. \_\_\_ ds.

Contributory  
(SECONDARY)  
(Signed) A. D. Ferguson M. D.  
Jan 14, 1913 (Address) Hannewell 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 Hannewell Mo DATE OF BURIAL Jan 14, 1913  
UNDERTAKER G. W. McClure ADDRESS Hannewell Mo

# Revised United States Standard Certificate of Death

Prepared by U. S. Census and American Public Health Association]

**Place of occupation.**—Precise statement of occupation is very important, so that the relative health-various pursuits can be known. The question is to each and every person, irrespective of many occupations a single word or term on the line will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *Seaman*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the name of the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Cotton mill*; (b) *Salesman*, (b) *Grocery store*, (b) *Automobile factory*. The material on this line may form part of the second statement. For example, "Laborer," "Foreman," "Manager," etc., without more precise specification, as "Farm laborer," "Laborer—Coal mine," etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife at home*, and children, not gainfully employed, as *At home*. Care should be taken to re-

port 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 with no occupation whatever, write *None*.

**Statement of cause of disease causing death.**—Specify to time and cause the accepted term for the disease, as *Cerebrospinal fever* (the old term *Cerebrospinal meningitis*); *Croup*; *Typhoid pneumonia*; *Lobar pneumonia* (unequal *of lungs, meningitis, pleurisy*); *Scar-*

*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.)

County

Missouri

ne, first, the action with reference to the same examples; *Cerebrospinal meningitis* is "Epidemic" (avoid use of word "Typhoid"); *Scarlatina*; *Tuberculosis*; *Sar-*

