

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 Madawson
Township Mourae
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 630 File No. 6260
Primary Registration District No. 5832 Registered No. 2

FULL NAME Jacob Albert Baugher

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>	DATE OF DEATH <u>February 13th</u> , 19 <u>13</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>May 30</u> , 18 <u>92</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>July 1st</u> , 19 <u>12</u> , to <u>February 13</u> , 19 <u>13</u> , that I last saw him alive on <u>February 13</u> , 19 <u>13</u> , and that death occurred, on the date stated above, at <u>9²⁰ a.m.</u>	
AGE <u>70</u> yrs. <u>8</u> mos. <u>13</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	and that death occurred, on the date stated above, at <u>9²⁰ a.m.</u>	
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) <u>1-02</u>			The CAUSE OF DEATH* was as follows: <u>Senile Exhaustion? (Dr. Y. O. Davis)</u> <u>Senile Atrophy? (Dr. H. Campbell)</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Virginia</u> <u>1751</u> <u>Nov</u>			Contributory <u>Senile Constipation</u> (SECONDARY) (Duration) <u>about 1</u> yrs. ___ mos. ___ ds.	
PARENTS	NAME OF FATHER <u>Jacob Baugher</u>		(Duration) <u>about 30</u> yrs. ___ mos. ___ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Virginia</u>		(Signed) <u>Thos. O. Davis</u> M. D. <u>Feb. 13</u> , 19 <u>13</u> (Address) <u>Madison Mo</u>	
	MAIDEN NAME OF MOTHER <u>Polly Davis</u>		*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 (City or town, State or foreign country) <u>Virginia</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Samantha Baugher</u> (ADDRESS) <u>Shidmore Mo</u> Where was disease contracted If not at place of death? Former or usual residence _____				
Filed <u>Feb 13</u> , 19 <u>13</u> , <u>F. A. Lee</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Graves Cemetery</u> DATE OF BURIAL <u>Feb. 15</u> , 19 <u>13</u>	
			UNDERTAKER <u>A. C. Dodds</u> ADDRESS <u>Shidmore 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*, *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*;

man, (b) *Automobile factory*. The material on may form part of the second statement.

return "Laborer," "Foreman," "Manager," etc., without more precise specification, as

Prer, *Farm laborer*, *Laborer—Coal mine*, etc.

At home, who are engaged in the duties of the

only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *House-*

At home, and children, not gainfully employed, *ool* or *At home*. Care should be taken to re-

port specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *House-*

maid, 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 busi-

ness, that fact may be indicated thus: *Farmer (re-*

tired, 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: *Cere-*

brospinal 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 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.)

MISSOURI

