

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 Holt
 County Holt
 Township Levins
 or Village Levins
 or City Levins (NO. 1 Ward)

Registration District No. 373 File No. 3000
 Primary Registration District No. 5000 Registered No. 7

FULL NAME James M. Harvey [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>M.</u>	COLOR OR RACE <u>W.</u>	SINGLE <u>Single</u> MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>Mich</u> <u>7</u> , 191 <u>3</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>July 11th</u> , 18 <u>84</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Mich 3</u> , 191 <u>3</u> , to <u>Mich 3</u> , 191 <u>3</u> , that I last saw <u>h</u> alive on <u>Mich 3</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>4a</u> m.	
AGE <u>63</u> yrs. <u>7</u> mos. <u>18</u> ds.			The CAUSE OF DEATH* was as follows: <u>Cerebral Hemorrhage</u> <u>12:14</u> <u>6:14</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Wearie</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Gen Smith</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Spring Springs, Ind</u>			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Geo. Harvey</u>		(Signed) <u>W. C. Proud</u> , M. D. <u>Mich 7</u> , 191 <u>3</u> (Address) <u>Oregon, Ind.</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ind.</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Elizabeth Radtke</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ohio</u>		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>George A. Harvey</u> (ADDRESS) <u>1622 Wood St. Springfield, Mo.</u>			Where was disease contracted? If not at place of death? Former or usual residence.	
Filed <u>3/9</u> 191 <u>3</u> <u>B. W. Wood</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Mount Zion Ch. Co.</u> DATE OF BURIAL <u>1913</u>	
			UNDERTAKER <u>W. C. Proud</u> ADDRESS <u>Oregon, Ind.</u>	

ates Standard Certificate f Death

[Bureau of Census and American Public Health Association]

tion.—Precise statement of occupation, so that the relative health-suits can be known. The question is asked of every person, irrespective of occupations a single word or term on sufficient, e. g., *Farmer* or *Planter*, *Architect*, *Locomotive engineer*, *Fireman*, etc. But in many unusual or extraordinary employments, it is necessary to state the kind of work and also (b) the industry, and therefore needed for the latter statement; it is then needed. As examples: (a) *Ill*; (a) *Salesman*, (b) *Grocery*; *Automobile factory*. The material part of the second statement. *Foreman*, "Foreman," "Manager," more precise specification, as *Power*, *Laborer—Coal mine*, etc. are engaged in the duties of the *aid Housekeepers* who receive a fee entered as *Housewife*, *House-children*, not gainfully employed, etc. Care should be taken to recaptions of persons engaged in occupations, as *Servant*, *Cook*, *House-children* has been changed or given. DISEASE CAUSING DEATH, state of illness. If retired from business indicate thus: *Farmer* (retired) persons who have no occupation

of death.—Name, first, the (the primary affection with relation), using always the same name disease. Examples: *Cerebral meningitis* (definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of *fever* (never report "Typhoid pneumonia"; *Bronchopneumonia* (if confirmed, is indefinite); *Tuberculosis* (if confirmed, is indefinite); *Peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cause" less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic interstitial nephritis*, etc. contributory (secondary or intercurrent) affection not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or minimal conditions, such as "Asthenia," "Anorexia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Irritability," "Rhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always quote diseases resulting from childbirth or miscarriage: "PUERPERAL septicaemia," "PUERPERAL peritonitis." State cause for which surgical operation was taken. For VIOLENT DEATHS state MEANS OF INJURY, qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, if probably such, if impossible to determine do not state. Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of head—suicide*; *Poisoned by carbolic acid—probably suicide*. State nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*; *tetanus*) may be stated in addition to "Contributory." (Recommendations of the committee on nomenclature of cause of death approved by Commission on Nomenclature of the American Medical Association.)

(Handwritten signature)

HUGH STEPHENS, JEFFERSON CITY.



County

Missouri

V. 9, FORM XXX

DEPARTMENT OF HEALTH

Statistical

MISSOURI

JEFFERSON CITY.

To