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S. B.—Every item of information 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 Bates
Township W Boone
or
Village ✓
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 52
Primary Registration District No. 5080
File No. 12147
Registered No. 6

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

FULL NAME Millard J. Bowman

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>April 22</u> , 18 <u>58</u> (Month) (Day) (Year)		
AGE <u>55</u> yrs. <u>11</u> mos. <u>20</u> ds. IF LESS than 1 day, <u>5</u> hrs. or <u>5</u> min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>✓ 3-07</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Ill</u>		
PARENTS	NAME OF FATHER <u>Jake Bowman</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Peoria</u>	
	MAIDEN NAME OF MOTHER <u>Fannie Powell</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Peoria</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ed King
(ADDRESS) Merwin Mo
Filed April 18, 1913 J. R. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>April 16</u> , 191 <u>3</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>April 14</u> , 191 <u>3</u> , to <u>April 16</u> , 191 <u>3</u> , that I last saw him alive on <u>April 15</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>9:30 A.</u> The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>157A</u>	
(Duration) _____ yrs. _____ mos. _____ ds.	
Contributory (SECONDARY) <u>✓</u> (Duration) _____ yrs. _____ mos. _____ ds.	
(Signed) <u>J. R. Martin</u> M. D. <u>April 17</u> , 191 <u>3</u> (Address) <u>Merwin Mo</u>	
*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 <u>11</u> yrs. _____ mos. _____ ds. In the State <u>11</u> yrs. _____ mos. _____ ds.	
Where was disease contracted if not at place of death? Former or usual residence <u>Ill</u>	
PLACE OF BURIAL OR REMOVAL <u>El Paso Ill</u>	DATE OF BURIAL <u>Apr. 14</u> , 191 <u>3</u>
UNDERTAKER <u>Irwin Hickman</u>	ADDRESS <u>Merwin 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*, *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 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.)



THIS IS A PERMANENT RECORD

CAUSE OF DEATH in full 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 Bates
 Township W. Borne
 or
 Village
 or
 City

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

Registration District No. 52 File No. 4
 Primary Registration District No. 5080 Registered No. 6
 St. Ward

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

FULL NAME

Millard F. Bowman

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE w SINGLE s
 MARRIED
 WIDOWED
 OR DIVORCED
 (Write the word)

DATE OF BIRTH Apr. 22, 1858
 (Month) (Day) (Year)

AGE Satisfactory information Supplied.
 If LESS than
 1 day, hrs.
 min.

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

BIRTHPLACE
 (City or town,
 State or foreign country)

PARENTS
 NAME OF FATHER
 BIRTHPLACE OF FATHER
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER
 BIRTHPLACE OF MOTHER
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Satisfactory information Supplied.
 (ADDRESS)

Filed Apr 18, 1913 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 16, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
April 14, 1913, to April 16, 1913,
 that I last saw him alive on April 15, 1913,
 and that death occurred, on the date stated above, at 9:30 a.m.
 The CAUSE OF DEATH* was as follows:

Pneumonia

Contributory
 (SECONDARY)

(Signed) J. P. Martin M. D.
Apr. 17, 1913 (Address) Meriden 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 Satisfactory information

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

UNDERTAKER ADDRESS

Original file. date Apr - 1913 All information called for must be written on this Supplementary Certificate.

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 "*Asithenia*," "*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.)