

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

PLACE OF DEATH Pettis
County Pettis
Township Songwood Registration District No. 666 File No. 14000
or Songwood, Mo. Primary Registration District No. 5898 Registered No. 279
or City _____ (NO. _____) St. _____ Ward _____
City _____ (NO. _____) St. _____ Ward _____

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

FULL NAME James Smiley

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH December 25th 1838
(Month) (Day) (Year)

AGE 74 yrs. 3 mos. 20 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02

BIRTHPLACE (City or town, State or foreign country) Pettis Co. Mo.

NAME OF FATHER Wm Smiley

BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky

MAIDEN NAME OF MOTHER Nancy Hall

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joe Smiley
(ADDRESS) Songwood Mo

Filed Apr-16 1913 W. T. Bishop
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 14th 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr. 13 - 1913, to Apr. 14th 1913, that I last saw h^e alive on Apr. 14 - 1913, and that death occurred, on the date stated above, at 7:08 a.m.

THE CAUSE OF DEATH* was as follows:
Chronic Valvular Heart disease 911
113

Contributory Attack of La Grippe
(SECONDARY) (Duration) Many yrs. 0 mos. 0 ds.
(Signed) W. P. Correll M. D.
Apr. 14 1913 (Address) Songwood 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 Miller Chappel DATE OF BURIAL April 16 1913

UNDERTAKER Curbaugh & Allen ADDRESS Sedalia Mo
133 S. Ohio St.

V. S. No. 2. 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.

Revised United States Standard Certificate of Death

by U. S. Census and American Public Health

V. S. FORM XXX

It of oc-
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will be sufficient, e. g., *Farmer or Planter, Composer, Architect, Locomotive engineer, 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 business or industry, and therefore an example is provided for the latter statement; it is used only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Automobile factory*. The material may form part of the second statement.



Foreman, "Manager," "Precise specification, as *laborer—Coal mine*, etc. included in the duties of the *keepers* who receive a

as *Housewife, House-*

or *At home*. Care should be taken to recall the occupations of persons engaged in service for wages, as *Servant, Cook, House-*

If the occupation has been changed or given in the DISEASE CAUSING DEATH, state the beginning of illness. If retired from business, fact may be indicated thus: *Farmer (retired)*. For persons who have no occupation write *None*.

It of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with remote and causation), using always the same term for the same disease. Examples: *Cerebellar* (the only definite synonym is "Epidemic cerebral meningitis"); *Diphtheria* (avoid use of "Group"); *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.)

JEFFERSON CITY,

Bureau of Vital Statistics

MISSOURI

