

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

County

Township

or

Village

or

City

FULL NAME

Registration District No.

File No.

Primary Registration District No.

Registered No.

St. Ward

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH

AGE

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)

(ADDRESS)

Filed

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

1913

I HEREBY CERTIFY, that I attended deceased from March 18, 1913, to March 29, 1913,

that I last saw her alive on March 29, 1913,

and that death occurred, on the date stated above, at 2 10 m.

The CAUSE OF DEATH* was as follows:

Hemorrhage of the Bowels from Typhoid fever
Took sick on 16th March 1913.

(Duration) yrs. mos. ds.

12 3 15
Contributory
(SECONDARY)

(Signed) John B. Harris M. D.

(Address) Rayborn, 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? Place of death

Former or usual residence usual home

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Dutch ChappleMarch 30, 1913UNDERTAKER Mr. Branson

ADDRESS

Mr. Cunningham, Wrights Fairlie, Mo.

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

any occupations a single word or term on will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary

(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*; (b) *Automobile factory*. The material should form part of the second statement.

Example: "Laborer," "Foreman," "Manager," without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc.

For persons who are engaged in the duties of the household (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housemaid*, and children, not gainfully employed, as *At home*. Care should be taken to record the occupations of persons engaged in commerce for wages, as *Servant*, *Cook*, *Housemaid*. If the occupation has been changed or given up since the onset of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, 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.)

