

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.

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

PLACE OF DEATH
Jackson
County _____
Township _____
or
Village _____
or
City Independence (NO. _____) St.: _____ Ward _____

Registration District No. 398 File No. 16429
Primary Registration District No. 3019 Registered No. 102

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

FULL NAME Floyd Mosier

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH February 1st, 1908
(Month) (Day) (Year)

AGE 5 yrs. 3 mos. 24 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) None

BIRTHPLACE (City or town, State or foreign country) Indiana

PARENTS
NAME OF FATHER Andrew Mosier
BIRTHPLACE OF FATHER Indiana
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Edna Keyley
BIRTHPLACE OF MOTHER Indiana
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Edna Mosier
(ADDRESS) Independence, Mo.

Filed May 29 1913 J. L. Cook Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 25, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 20, 1913, to May 25, 1913, that I last saw him alive on May 20, 1913, and that death occurred, on the date stated above, at 20 m.

The CAUSE OF DEATH* was as follows:
Hydrophobia

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory Cerebral
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) [Signature] M. D.
May 27 1913 (Address) Independence, 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 Mound Grove DATE OF BURIAL 5/29/1913

UNDERTAKER [Signature] ADDRESS Independence, 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 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*; (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 not engaged in the production of the household only (not paid *housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, if not fully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons employed in domestic service, for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed, give up on account of DISEASE CAUSING DEATH, the occupation at beginning of illness. If retired, give business, that fact may be indicated thus: *Farmer (widow; 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 general 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, peritonæum*, etc.; *Carcinoma, Sarcoma*, 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.)