

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 _____
 County Des Moines
 Township _____ or Village _____ or City Kennett Mo.
 Registration District No. 288 File No. 19384
 Primary Registration District No. 4172 Registered No. 76
 St. _____ Ward _____
 FULL NAME unnamed (Miller) [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>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (# writes the word)	DATE OF DEATH <u>6/23</u> , 191 <u>3</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>6/22</u> , 191 <u>3</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>6/22</u> , 191 <u>3</u> , to <u>6/23</u> , 191 <u>3</u> , that I last saw him alive on <u>6/22</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>20</u> m.	
AGE _____ yrs. _____ mos. _____ ds.		If LESS than 1 day, <u>6</u> hrs. or _____ min.?	The CAUSE OF DEATH was as follows: <u>Cardiac</u> ✓	
OCCUPATION (a) Trade, profession, or particular kind of work <u>D-O</u> (b) General nature of industry, business, or establishment in which employed (or employer)			(Duration) _____ yrs. _____ mos. <u>9</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>			Contributory _____ (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Clifford Miller</u>		(Signed) <u>James J. Darr</u> M. D. <u>6/22</u> , 191 <u>3</u> (Address) <u>Kennett Mo</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill</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>Dora Lewis</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>A. D.</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>J. Miller</u>			Where was disease contracted If not at place of death? Former or usual residence _____	
(ADDRESS) <u>Kennett Mo</u>			PLACE OF BURIAL OR REMOVAL <u>Ch Ridge Cemetery</u>	
Filed <u>6/23</u> , 191 <u>3</u> <u>J. Heydon</u> REGISTRAR			DATE OF BURIAL <u>6/23</u> , 191 <u>3</u>	
			UNDERTAKER <u>Al. Goodell</u>	
			ADDRESS <u>Kennett 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, 8 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*, *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 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.)

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

PLACE OF DEATH

County Waukegan

Township _____

or Village _____

or City Kennett

Registration District No. 288

File No. _____

Primary Registration District No. 4172

Registered No. 76

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

FULL NAME: Unnamed (Miller)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Satisfactory Information Supplied. COLOR OR RACE _____ SINGLE MARRIED Supplied.
 (Wife or divorced)
 (Write the word)

DATE OF DEATH June 23, 1913
 (Month) (Day) (Year)

DATE OF BIRTH Satisfactory Information Supplied.
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 191__ to 191__
 that I last saw h_____ alive on _____, 191__
 and that death occurred, on the date stated above, at _____ m.

AGE Satisfactory Information Supplied.
 LESS than _____ yrs. _____ mos. _____ ds.
 1 day. _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:
 Cardiac Paralysis

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

(Duration) _____ yrs. _____ mos. _____ ds.
 Contributory (Secondary) _____
 (Duration) _____ yrs. _____ mos. _____ ds.

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) _____

(Signed) J. J. Drage M. D.
 June 23, 1913 (Address) Kennett, Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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 _____

(Informant) Satisfactory Information Supplied.
 (ADDRESS) _____

PLACE OF BURIAL OR REMOVAL Satisfactory Information Supplied. DATE OF BURIAL _____ 191__

Filed June 23, 1913 J. J. Drage REGISTRAR

UNDERTAKER _____ ADDRESS _____
 Satisfactory Information Supplied.

SUPPLEMENTARY INFORMATION SUPPLIED

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