

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied, and 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 Madison  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Fredericktown Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 538 File No. 40000  
Primary Registration District No. 3028 Registered No. 74

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

FULL NAME Hazen A. Ward

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
DATE OF BIRTH <u>April 10, 1889</u> (Month) (Day) (Year)		
AGE <u>24 yrs. 8 mos. 5 ds.</u> If LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Ministerial student</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Schuyler Co. Mo.</u>		
PARENTS	NAME OF FATHER <u>Geo. Ernest Ward</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Schuyler Co. Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Josephine LaMaster</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Illinois</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>H. R. Ward</u> (ADDRESS) <u>Rushville Mo.</u>		
Filed <u>Dec 16, 1913</u> <u>Wm. Wilson</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>December 20, 1913</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>Nov. 20, 1913</u> , to <u>Dec 15, 1913</u> , that I last saw him alive on <u>Dec. 15, 1913</u> , and that death occurred, on the date stated above, at <u>6 P. m.</u>	
The CAUSE OF DEATH* was as follows: <u>Typhoid Fever</u>	
Contributory (SECONDARY) <u>(None)</u> (Duration) ___ yrs. ___ mos. ___ ds.	
(Signed) <u>C. A. Anthony</u> M. D. <u>Dec 16, 1913</u> (Address)	
*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 <u>Masses Cemetery Schuyler Co. Mo.</u>	DATE OF BURIAL <u>17, 1913</u>
UNDERTAKER <u>Ed N. Webb</u>	ADDRESS <u>Fredericktown Mo.</u>

## 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 healths of various pursuits can be known. The ques- applies to each and every person, irrespective of For many occupations a single word or term on st line will be sufficient, e. g., *Farmer or Planter, an, Composer, Architect, Locomotive engineer, engineer, Stationary fireman*, etc. But in many especially in industrial employments, it is neces- know (a) the kind of work and also (b) the of the business or industry, and therefore an al line is provided for the latter statement; it be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery foreman*, (b) *Automobile factory*. The material on may form part of the second statement. return "Laborer," "Foreman," "Manager," " " etc., without more precise specification, as *laborer, Farm laborer, Laborer—Coal mine*, etc. at home, who are engaged in the duties of the old only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife, House- At home*, and children, not gainfully employed, school or *At home*. Care should be taken to re- cifically the occupations of persons engaged in c service for wages, as *Servant, Cook, House- c*. If the occupation has been changed or given ccount of the DISEASE CAUSING DEATH, state oc- at beginning of illness. If retired from busi- at fact may be indicated thus: *Farmer (re- yrs.)*. For persons who have no occupation r, write *None*.

**Statement of cause of death.**—Name, first, the CAUSING DEATH (the primary affection with re- time and causation), using always the same term for the same disease. Examples: *Cere- spinal meningitis* (the only definite synonym is "Epidemic spinal meningitis"); *Diphtheria* (avoid use of *Typhoid fever* (never report "Typhoid fever"); *Lobar pneumonia*; *Bronchopneumonia monia* (unqualified, is indefinite); *Tuberculosis s; meningis, peritonaeum*, 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* (sec- ondary), 10 ds. Never report mere symptoms or ter- minal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemor- rhage," "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 surgi al operation was under- taken. 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 conse- quences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on state- ment of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MISSOURI

PHYSICS

U. S. PUBLIC HEALTH

