

RECORD OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County RANDOLPH

Township _____

or _____

Village _____

or _____

City MOBERLY

(NO. _____)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 730

File No. 2155

Primary Registration District No. 3034

Registered No. 13

416 SOUTH CLARK

St. SECOND Ward

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

FULL NAME

EDITH VOTH

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX FEMALE COLOR OR RACE WHITE SINGLE MARRIED WIDOWED OR DIVORCED INFANT
(Write the word)

DATE OF DEATH JANUARY 12th, 1914
(Month) (Day) (Year)

DATE OF BIRTH JANUARY 8th, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from JAN 8th, 1914, to JAN 12th, 1914, that I last saw her alive on Jan 12th, 1914, and that death occurred, on the date stated above, at 1126A.

AGE Three Days
yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
CONGENITAL
161A ATELECTASIS.
(Duration) yrs. mos. 3 ds.

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

(Signed) E. R. Hickerson M. D.
JAN 12th 1914 (Address) MOBERLY 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 RESIDENT 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 MOBERLY, MO DATE OF BURIAL Jan 12 1914

UNDERTAKER Martin Mahan ADDRESS MOBERLY, MO

OCCUPATION (a) Trade, profession, or particular kind of work INFANT

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) MOBERLY MO.

NAME OF FATHER HARRY M. VOTH.

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

MAIDEN NAME OF MOTHER EFFIE OWSLEY.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) HARRY M. VOTH

(ADDRESS) MOBERLY MO.

FILED Jan 14 1914 REGISTRAR [Signature]

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, 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, peritonaeum*, 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.)