

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 *St. Louis*  
 County *St. Louis* *Rallyer* *69*  
 Township *North St. Louis* Registration District No. *841* File No. *3 11621*  
 or *Shudriant* Primary Registration District No. *6103* Registered No. *841*  
 or *5108*  
 City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 FULL NAME *John M. Clendon*

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

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <i>Male</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED WIDOWED OR DIVORCED <i>Married</i> (Write the word)
DATE OF BIRTH <i>July Aug 31, 1850</i> (Month) (Day) (Year)		
AGE <i>67 yrs 7 mos 27 ds.</i>		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <i>Farming</i> (b) General nature of Industry, business, or establishment in which employed (or employer) <i>131</i> <i>1068</i>		
BIRTHPLACE (City or town, State or foreign country) <i>Alabama</i>		
PARENTS	NAME OF FATHER <i>Don't know</i>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Don't know</i>	
	MAIDEN NAME OF MOTHER <i>Don't know</i>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Don't know</i>	

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH *Mar 20, 1914*  
(month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Jan 26th 1914*, to *Mar 20, 1914*, that I last saw him alive on *Jan 24, 1914*, and that death occurred, on the date stated above, at *5 W. M.*

The CAUSE OF DEATH\* was as follows:  
*arteriosclerosis, chronic interstitial nephritis and chronic Bronchitis*

(Duration) *8* yrs. *6* mos. *3* ds.  
 Contributory *interstitial nephritis*  
 (SECONDARY) (Duration) *1* yr. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) *John M. Clendon* M. D.  
*8 21st St.*, 1914 (Address) *St. Louis, 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 \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 Where was disease contracted  
 If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL <i>Sturdivant cemetery</i>	DATE OF BURIAL <i>March 29, 1914</i>
UNDERTAKER <i>W. F. White</i>	ADDRESS <i>Leona, Mo.</i>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) *Homer M. Clendon*  
 (ADDRESS) *Sturdivant, Mo*  
 Filed *April 10, 1914* *E. L. Hoffe*  
 REGISTRAR

# 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*, *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 Bollinger  
 Township Wayne  
 or Village St. Clairmont  
 or City do

Registration District No. 69 File No. \_\_\_\_\_  
 Primary Registration District No. 5108 Registered No. 11  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Wm Mc Cludon

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>Aug 31</u> , 18 <u>50</u> (Month) (Day) (Year)		
AGE <u>61</u> yrs. <u>7</u> mos. <u>27</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Ala. Tenn.</u>		
PARENTS	NAME OF FATHER <u>Smt. K. Row</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>do</u>	
	MAIDEN NAME OF MOTHER <u>do</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>do</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH MEH 28, 1914  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 25, 1913, to MEH 28, 1914, that I last saw him alive on MEH 28, 1914, and that death occurred, on the date stated above, at 50 m.

The CAUSE OF DEATH\* was as follows:  
Chronic Bronchitis

Contributory Chronic indigestion  
 (Secondary) of 2 yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) J. G. White M. D.  
Apr 27, 1914 (Address) St. Clairmont

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Amy McCludon  
 (ADDRESS) Sturdivant 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.

Filed Apr. 27, 1914  
Rising J. Speed  
 REGISTRAR

PLACE OF BURIAL OR REMOVAL  
Sturdivant Mo

DATE OF BURIAL  
MEH 27, 1914

UNDERTAKER  
W. F. White

ADDRESS  
Leora Mo

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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.)