

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 Cape Girardeau Co. 122
 County Cape Girardeau Co. Registration District No. 5175 File No. 220132
 Township Smith or 5175 Registered No. 4785
 Village _____ or _____ Primary Registration District No. 5175 Registered No. _____
 City _____ (NO. _____) St. _____ Ward _____

FULL NAME Henry Waldridge

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)

DATE OF BIRTH June 24, 1914
(Month) (Day) (Year)

AGE _____ IF LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. _____ mos. 2 1/2 ds.

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

BIRTHPLACE (City or town, State or foreign country) Cape Girardeau Co.

PARENTS
 NAME OF FATHER James Waldridge
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Arkansas
 MAIDEN NAME OF MOTHER Myrtle Simmons
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Arkansas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 24, 1914, to _____, 191____,
 that I last saw him alive on June 24, 1914,
 and that death occurred, on the date stated above, at 12 P. M.
 The CAUSE OF DEATH* was as follows:
Bald Throat
150
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) James M. Shirkhard M. D.
June 26, 1914 (Address) Adwards 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 Adwards Mo. DATE OF BURIAL June 27, 1914
 UNDERTAKER E. L. Patter ADDRESS Adwards Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. W. Shirkhard
 (ADDRESS) Adwards Mo.

Filed July 9, 1914 Thos Moore
 REGISTRAR

the disease causing
with respect to time
same accepted term
Cerebrospinal fever
Epidemic cerebro
avoid use of "Crou

For persons who
write None.
Statement of
the disease causing
with respect to time
same accepted term
Cerebrospinal fever
Epidemic cerebro
avoid use of "Crou

in many cases, espec
it is necessary to kno
(b) the nature of the
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statement; it should
As examples: (a) Sp
man, (b) Grocery; (a)
The material worked
statement. Never
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specification, as Day
Coal mine, etc. Wo
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as Housewife, Hou
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Care should be take
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wages, as Servant,
occupation has been
of the disease cau
beginning of illness.
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write None.

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se causing death),
stated unless im-
(secondary or in-
Arteric interstitial
Whooping cough;
"Tumor" of esn p.l.g. Cer
(name)
peritonaeum, etc.,
; (e) indomite);
Bronchopneumonia

[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, 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* (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.)