

DEA

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

County Clay
 Township Clay
 or
 Village Carroll
 or
 City _____ (NO. _____ St.; _____ Ward)

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

952
 952
 Registration District No. _____ File No. 31973
 Primary Registration District No. 54000 Registered No. 10

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

FULL NAME

Clarence Edward Russell

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
 (Write the word)

DATE OF BIRTH

2 25 1914
 (Month) (Day) (Year)

AGE

IF LESS than 1 day, _____ hrs. or _____ min.?
 yrs. 7 mos. 9 ds.

OCCUPATION

(a) Trade, profession, or particular kind of work None

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

BIRTHPLACE

(City or town, State or foreign country) Carroll Mo.

PARENTS

NAME OF FATHER George Russell

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

MAIDEN NAME OF MOTHER Myrtle E. Chalkland

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leo Russell

(ADDRESS) Carroll Mo

Filed Oct 5 1914 J. M. Dickinson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

10 5 1914
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 10-4, 1914, to 10-5, 1914, that I last saw ~~her~~ alive on 10-4, 1914, and that death occurred, on the date stated above; at 9:00 m.

The CAUSE OF DEATH* was as follows:

Diphtheria

Contributory (SECONDARY) None

(Duration) _____ yrs. _____ mos. 4 ds.

(Signed) J. M. Dickinson M. D.

10-5-14 1914 (Address) Carroll 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 Cherry Cemetery

DATE OF BURIAL Oct 6 1914

UNDERTAKER C. J. McDaniel

ADDRESS Carroll Mo

Statement of

occupation is very healthfulness of v^o question applies to of age. For many

States Standard Certificate of Death

on the first line wCensus and American Public Health Association)
Planter, Physician
engineer, Civil engi

in many cases, espation.—Precise statement of oc- it is necessary to lortant, so that the relative health-

(b) the nature of tursuits can be known. The ques- tion 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 c. es, especially in industrial employments, it is neces- sary 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*, *House- work*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to re- port specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *House- maid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state oc- cupation at beginning of illness. If retired from busi- ness, that fact may be indicated thus: *Farmer (re- tired, 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 re- spect to time and causation), using always the same accepted term for the same disease. Examples: *Cere- brospinal 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* (dis- ease 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 septicaemia*," "*PUERPERAL peritonitis*," etc. State cause for which surgical 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 na- ture 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.)

