

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.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH	
County		BUREAU OF VITAL STATISTICS	
Township		Registration District No.	File No.
Village		Primary Registration District No.	Registered No.
City		(NO.)	St. Ward
Boone		79	
Bauertown		5116	72473
FULL NAME		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
Louisa B. Eaton			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SMOKE	DATE OF DEATH
Female	white	MARRIED WIDOWED OR DIVORCED (Write the word)	March 29, 1916
DATE OF BIRTH	AGE		I HEREBY CERTIFY, that I attended deceased from Mar 26, 1915, to 3-29, 1916, that I last saw her alive on 3-29, 1915, and that death occurred, on the date stated above, at 9 P. M. The CAUSE OF DEATH* was as follows:
Dec 30, 1864	51 yrs. 2 mos. 25 ds.	If LESS than 1 day, hrs. or min.?	
OCCUPATION	BIRTHPLACE		Tubercular meningitis 01 18 ds.
(a) Trade, profession, or particular kind of work Housekeeping	Boone County, MO		
(b) General nature of industry, business, or establishment in which employed (or employer)	PARENTS		Contributory Aortic aneurysm 01 18 ds.
	NAME OF FATHER	BIRTHPLACE OF FATHER	(Duration) yrs. mos. ds.
	Thomas White	Kentucky	(Duration) yrs. mos. ds.
	MAIDEN NAME OF MOTHER	BIRTHPLACE OF MOTHER	(Signed) R. Alford M. D. 3-29, 1915 (Address) Clark Mo.
	Mary Evans	Boone County, MO	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
Mrs. J. W. Bradley		At place of death yrs. mos. ds. In the State yrs. mos. ds.	
(Informant)		Where was disease contracted if not at place of death?	
(ADDRESS) Clark Mo		Former or usual residence	
Filed	McK 27 1915	PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	AR. M. Conway	Roche Church	3-27 1915
	REGISTRAR	UNDERTAKER	ADDRESS
		W. H. Sword	Clark Mo

Revised United States Standard Certificate of Death

by U. S. Census and American Public Health Association]

of occupation.—Precise statement of occupation is very important, so that the relative health-hazardous pursuits can be known. The question to each and every person, irrespective of any occupations a single word or term on which will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *Fireman*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary (a) the kind of work and also (b) the nature of the business or industry, and therefore an example is provided for the latter statement; it is used only when needed. As examples: (a) *Cotton mill*; (b) *Salesman*, (c) *Grocery store*; (d) *Automobile factory*. The material may form part of the second statement. In "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. Some, who are engaged in the duties of the household (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife at home*, and children, not gainfully employed, as *At home*. Care should be taken to correctly state the occupations of persons engaged in service for wages, as *Servant*, *Cook*, *Housemaid*. If the occupation has been changed or given up, the date of the DISEASE CAUSING DEATH, state the beginning of illness. If retired from business, the occupation may be indicated thus: *Farmer (retired)*. For persons who have no occupation state *None*.

of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with regard to time and causation), using always the same name for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Diphtheritic"); *Typhoid fever* (never report "Typhoid"); *Lobar pneumonia*; *Bronchopneumonia* (if unqualified, is indefinite); *Tuberculosis meningitis*, *peritoneum*, 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.)

