

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

PLACE OF DEATH Shelby
County Chap
Township _____
or _____
Village _____
or _____
City Clarence (NO. _____) St.: _____ Ward) _____

Registration District No. 827 File No. 15033
Primary Registration District No. 4500 Registered No. 8 HK

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

FULL NAME Charles C. Miller

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED Married
 WIDOWED OR DIVORCED
(Write the word)

DATE OF DEATH April 23, 1915
(Month) (Day) (Year)

DATE OF BIRTH June 21, 1852
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 1, 1915, to April 23, 1915, that I last saw him alive on April 21, 1915, and that death occurred, on the date stated above, at 11 P. m.

AGE 62 yrs. 10 mos. 2 ds. If LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:

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

97 Arterio Sclerosis
(Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) Maryland

NAME OF FATHER J. W. Miller

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

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

(Signed) Frank H. Roy M. D.
April 24, 1915 (Address) Clarence, Mo.

MAIDEN NAME OF MOTHER Catherine Coupl

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Nettie Miller

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

(ADDRESS) Clarence, Mo.

Where was disease contracted if not at place of death? _____

Filed 4-28 1915 W. M. Bayless REGISTRAR

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Union Cemetery DATE OF BURIAL 4-25 1915

UNDERTAKER W. A. Hamilton ADDRESS Clarence, Mo.

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.

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. In many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Doctor, Architect, Locomotive engineer, Civil engineer, Fireman*, etc. But in many cases, especially in irregular employments, it is necessary to know (a) the nature of the business and also (b) the nature of the business or industry. Therefore an additional line is provided for the latter purpose; it should be used only when needed. As examples: (a) *Woolen mill*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Tram car*, (b) *Automobile factory*. The material words of the first line form part of the second statement. Never use "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 septicæmia," "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.)