

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

25290

1 PLACE OF DEATH
County Mercer
Township Marion or
Village or
City (NO. St. Ward)

Registration District No. 55-3 File No.
Primary Registration District No. 5746 Registered No. 26

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

2 FULL NAME W. A. Smith

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single	10 DATE OF DEATH <u>Aug. 23,</u> 191 <u>5</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Nov. 15th,</u> 186 <u>3</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from <u>Aug 12,</u> 191 <u>5</u> , to <u>Aug 23,</u> 191 <u>5</u> . that I last saw him alive on <u>Aug 23,</u> 191 <u>5</u> . and that death occurred, on the date stated above, at <u>3</u> P. m.	
7 AGE <u>51</u> yrs. <u>2</u> mos. <u>8</u> ds.		If LESS than 1 day, hrs. or min.?	The CAUSE OF DEATH* was as follows: <u>Typhoid Fever</u> <u>01</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry business or establishment in which employed (or employer)			(Duration) yrs. mos. ds.	
9 BIRTHPLACE (City or town, State or foreign country) Mercer, Co. Mo.			CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.	
PARENTS	10 NAME OF FATHER John Smith		(Signed) <u>Ed. E. Evans</u> M. D.	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.		<u>Aug 24, 1915</u> (Address) <u>Mercer Mo.</u>	
	12 MAIDEN NAME OF MOTHER Alsey Johnson		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind.		18 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.		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Jim Coldine</u> (Address) <u>Lineville Ia</u>				
15 Filed <u>8-24</u> , 191 <u>5</u> <u>W. D. Rickett</u> Registrar			19 PLACE OF BURIAL OR REMOVAL Lock Springs Mo. DATE OF BURIAL <u>abt 9-25</u> 191 <u>5</u>	
			20 UNDERTAKER O. O. Greenlee ADDRESS Lineville Ia.	

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, Composer, 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.)

UNFADING INK - PERMANENT RECORD

N. B. - Every statement 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

County Merced
 Township Merced
 or
 Village
 or
 City

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 653 File No.
 Primary Registration District No. 5746 Registered No. 26

St. Wm. A Ward Smith
 2 FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W. 5 SINGLE MARRIED WIDOWED OR DIVORCED
 (Write the word)

6 DATE OF BIRTH Satisfactory (Month) 1 (Day) 1 (Year)

7 AGE Satisfactory yrs. 42 mos. 11 ds. If LESS than 1 day, hrs. 22 or min. 12

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

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

PARENTS
 10 NAME OF FATHER
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country)
 12 MAIDEN NAME OF MOTHER
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 23 1915
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Satisfactory 1915, to Satisfactory 1915, that I last saw Satisfactory alive on Satisfactory 1915, and that death occurred, on the date stated above, at Satisfactory.
 The CAUSE OF DEATH* was as follows:
 (Duration) Satisfactory yrs. Satisfactory mos. Satisfactory ds.
 CONTRIBUTORY (Secondary) (Duration) Satisfactory yrs. Satisfactory mos. Satisfactory ds.
 (Signed) Satisfactory M. D.
 1915 (Address)

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
 At place of death Satisfactory yrs. Satisfactory mos. Satisfactory ds. In the State Satisfactory yrs. Satisfactory mos. Satisfactory ds.
 Where was disease contracted if not at place of death?
 Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Satisfactory
 (Address) Satisfactory

15 Filed 9-30 1915 Pickett
 Registrar

19 PLACE OF BURIAL OR REMOVAL Satisfactory DATE OF BURIAL Satisfactory 1915
 20 UNDERTAKER W Moore ADDRESS Merced

Original file, date AUG 15 1915

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

25290

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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), 29ds.; *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.)