

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
 County Randolph
 Township Monistone
 Village or City (NO)

Registration District No. 732
 Primary Registration District No. 5966
 Registered No. 24
 File No. 28479

FULL NAME Thomas Cable

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

PERSONAL AND STATISTICAL PARTICULARS

SEX male
 COLOR OR RACE white
 SINGLE MARRIED WIDOWED OR DIVORCED single
 DATE OF BIRTH April 29 1882
 AGE 33 yrs. 4 mos. 21 ds.
 IF LESS than 1 day, hrs. or min.?

MEDICAL CERTIFICATE OF DEATH
 DATE OF DEATH Sept 26 1915
 I HEREBY CERTIFY that I attended deceased from 1915 to 1915
 that I last saw him alive on case 1915
 and that death occurred on the date stated above, at 430 P
 The CAUSE OF DEATH* was as follows:

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

Accidentally run down by M R + J Passenger train

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

Contributory (Duration) 175 yrs. mos. ds.

PARENTS
 NAME OF FATHER Abraham Cable
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Pa.
 MAIDEN NAME OF MOTHER Kate Pruehl
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pa.

(Signed) A. Dunbar M. D.
Sept 27 1915 (Address) Huntsville Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Perry Case
 (ADDRESS) Elliott 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. State yrs. mos. ds.
 Where was disease contracted if not at place of death?
 Former or usual residence.

Filed 9/28 1915 O. F. Benschalter REGISTRAR

PLACE OF BURIAL OR REMOVAL High Lee Mo. DATE OF BURIAL Sept 28 1915
 UNDERTAKER Walter Mahan ADDRESS Wobely Mo.

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.)