

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

1 PLACE OF DEATH

County DeWitt

Township Wardens

Village

City

Registration District No. 1162

File No. 5972

Primary Registration District No. 5378-a

Registered No. 37

(NO. _____)

St. _____

Ward _____

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

2 FULL NAME Samuel C. Gibbs

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDDED OR DIVORCED (If write the word) married

6 DATE OF BIRTH May 15 1896
(Month) (Day) (Year)

7 AGE 79 yrs. 7 mos. 23 ds. If LESS than 1 day, hrs. or min.?

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

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

10 NAME OF FATHER unknown

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

12 MAIDEN NAME OF MOTHER do do

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Tine

(Address) Hobson Mo.

15

Filed Feb 10 1916

1916

S. S. McFarland
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 8 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 1 1916 to Jan 8 1916, that I last saw him alive on Jan 8 1916 and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

105 (Duration) yrs. 9 mos. 9 ds.

CONTRIBUTORY (Secondary)

(Signed) A. Sydney McFarland
Jan 9 1916 (Address) Amst Mo.

*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 yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Round Pond Cem Jan 9 1916

20 UNDERTAKER

ADDRESS

H. A. Frank Amst Mo.

Statement of occupation is very important; healthfulness of various question applies to each of age. For many terms on the first line with **States Standard Certificate of Death**

Planter, Physician, Coal engineer, Civil engineer, in many cases, especially it is necessary to know [Census and American Public Health Association] (b) the nature of the business before an additional line

statement; it should be precise statement of occupation.—Precise statement of occupation as examples: (a) *Spinster*, so that the relative healthfulness can be known. The question of the material worked over every person, irrespective of age, statement. Never use a single word or term on the first line "Manager," "Dealer," e. g., *Farmer or Planter, Physician, Locomotive engineer, Civil engineer, Coal mine, etc.* Women. But in many cases, especially in the duties of the household, it is necessary to know (a) the keepers who receive a definite salary and (b) the nature of the business or occupation, as *Housewife, Housewife* an additional line is provided for not gainfully employed should be used only when needed. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* (a) *Salesman, Cotton mill; (b) Automobile factory.* The wages, as *Servant, Cook* 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 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.)

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