

DEPARTMENT OF HEALTH
VITAL STATISTICS

DEATH

18464

1 PLACE OF DEATH
County Lewis
Township _____
or _____
Village _____
or _____
City La Grange (NO. _____ St. _____ Ward _____)

480
Registration District No. _____
4289
Primary Registration District No. _____ Registered No. 11

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

2 FULL NAME Edward Bailey

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>Black</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>	16 DATE OF DEATH <u>May 15</u> 191 <u>6</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Nov 23</u> 18 <u>60</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from <u>Dec 6th</u> 191 <u>5</u> to <u>May 14th</u> 191 <u>6</u> that I last saw him alive on <u>May 14th</u> 191 <u>6</u> and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Tuberculosis of</u> <u>Bonella</u>	
7 AGE <u>55</u> yrs. <u>5</u> mos. <u>19</u> ds. If LESS than 1 day, hrs. or min.?			25 31 (Duration) yrs. mos. ds.	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry business or establishment in which employed (or employer)			CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.	
9 BIRTHPLACE (City or town, State or foreign country) <u>Mo</u>			8 (Signed) <u>Wm Ellery</u> M. D. <u>May 17th 1916</u> (Address) <u>La Grange Mo</u>	
PARENTS	10 NAME OF FATHER <u>James Bailey</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Dont know</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) <u>0</u> 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.	
	12 MAIDEN NAME OF MOTHER <u>Margaret Johnson</u>		19 PLACE OF BURIAL OR REMOVAL <u>La Grange City</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dont know</u>		DATE OF BURIAL <u>May 17, 1916</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Sarah Bailey</u> (Address) <u>La Grange Mo</u>			20 UNDERTAKER <u>A. A. Roberts</u>	
15 Filed <u>5/17</u> 191 <u>6</u> <u>W. S. Ellery</u> Registrar			ADDRESS <u>La Grange Mo</u>	

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 household only (not paid Housewives receive a definite salary), may be entered as *Housework*, or *At home*, and children, if employed, as *At school* or *At home*. Persons taken to report specifically the occupation of persons engaged in domestic service for *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of 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.)