

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<i>Cape Girardeau</i>	Registration District No.	<i>135</i>	File No. <i>23854</i>
Township	<i>Cape Girardeau</i>	Primary Registration District No.	<i>5178</i>	Registered No. <i>1394</i>
or Village	<i>County poor farm</i>			
or City	(NO. _____) _____	St.	_____	Ward) _____
FULL NAME <i>Jacob M. Kinder</i>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <i>male</i>	COLOR OR RACE <i>white</i>	SINGLE MARRIED WIDOWED OR DIVORCED (# <i>rite</i> the word) <i>married</i>	DATE OF DEATH <i>July 10th</i> (Month) _____ (Day) _____ (Year) <i>1916</i>	
DATE OF BIRTH <i>September 23</i> , 18 <i>50</i> (Month) _____ (Day) _____ (Year)			I HEREBY CERTIFY, that I attended deceased from <i>Feb 15th</i> , 191 <i>6</i> , to <i>July 9th</i> , 191 <i>6</i> ,	
AGE <i>65</i> yrs. <i>8</i> mos. <i>17</i> ds.			that I last saw him alive on <i>June 1st</i> , 191 <i>6</i> ,	
OCCUPATION (a) Trade, profession, or particular kind of work <i>Farmer</i>			and that death occurred, on the date stated above, at <i>5 A</i> m.	
(b) General nature of industry, business, or establishment in which employed (or employer)			The CAUSE OF DEATH* was as follows: <i>Mitral Regurgitation</i>	
BIRTHPLACE State or foreign country <i>Bollinger County Mo.</i>			Duration) <i>Don't know</i> yrs. _____ mos. _____ ds. _____	
PARENTS	NAME OF FATHER <i>Israel Kinder</i>	Contributory (SECONDARY) Duration) _____ yrs. _____ mos. _____ ds. _____		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Bollinger county Mo.</i>	(Signed) <i>D. G. Seibert</i> M. D.		
	MAIDEN NAME OF MOTHER <i>Fannie Costner</i>	<i>July 10th</i> 191 <i>6</i> (Address) <i>Jackson Mo.</i>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>North Carolina</i>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
THE [ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place, <i>several years</i> in the <i>County poor farm</i> of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.	
(Informant) <i>Theron Busch</i>	Where was disease contracted If not at place of death? <i>Don't know</i>			
(ADDRESS) <i>Cape Girardeau Mo</i>	Former or usual residence <i>Grand Hill Mo</i>			
Filed <i>July 10, 1916</i>	PLACE OF BURIAL OR REMOVAL <i>County Farm</i>			DATE OF BURIAL <i>7.10</i> 191 <i>6</i>
<i>R. W. Trues</i> REGISTRAR	UNDERTAKER <i>Hatches Fr U Co Cape Girardeau</i>			ADDRESS <i>no</i>

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*, *Compositor*, *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 reference to time and causation), using always the same term for the same disease. Examples: *Cerebrinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "up"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia pneumonia*, unqualified, is indefinite); *Tuberculosis lungs, meningis, peritoneum*, etc.; *Carcinoma, Sar-*

coma, 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.)

