

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.

EVERY VITAL RECORD CONTAINING INK—THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

PLACE OF DEATH  
 County Cape Girardeau  
 Township Cape  
 or  
 Village \_\_\_\_\_  
 or  
 City County Alton (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 125 File No. 27316  
 Primary Registration District No. 5178 Registered No. 1411

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

FULL NAME Walter E. Sherwood

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>male</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widowed</u> <small>(Write the word)</small>
DATE OF BIRTH <u>June 29, 1870</u> <small>(Month) (Day) (Year)</small>		
AGE <u>46</u> yrs. <u>1</u> mos. <u>11</u> ds. <small>or LESS than 1 day, ___ hrs. or ___ min.?</small>		
OCCUPATION (a) Trade, profession, or particular kind of work <u>painter</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Mo.</u>		
PARENTS	NAME OF FATHER <u>Chas. Sherwood</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Mammie Clark</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>	

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>Aug 10<sup>th</sup>, 1916</u> <small>(Month) (Day) (Year)</small>
I HEREBY CERTIFY, that I attended deceased from <u>June 1<sup>st</sup>, 1916</u> , to <u>Aug 10<sup>th</sup>, 1916</u> , that I last saw him alive on <u>July 26<sup>th</sup>, 1916</u> , and that death occurred, on the date stated above, at <u>11 P</u> m.
The CAUSE OF DEATH* was as follows: <u>Tuberculosis of Lungs</u>
<u>23A</u> (Duration) <u>20</u> yrs. <u>10</u> mos. <u>0</u> ds.
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) <u>D. G. Leibert</u> M. D. <u>Aug 11<sup>th</sup>, 1916</u> (Address) <u>Jackson Mo</u>
*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. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) D. G. Leibert  
 (ADDRESS) Jackson, Mo.  
 Filed Aug 11, 1916 R. N. Fricke  
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Cape Gir. County Tenn DATE OF BURIAL Aug 11, 1916  
 UNDERTAKER Walter F. & U. Co. Cape Girardeau Mo. ADDRESS \_\_\_\_\_

# 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, Primary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the nature of the work and also (b) the nature of the business or industry, and therefore an additional line is provided for a separate statement; it should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Groceries; (a) Foreman, (b) Automobile factory.* The occupation 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 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 carbonic 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.)