

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 Cape Girardeau  
 Township Cape Girardeau Registration District No. 125 File No. 27321  
 or  
 Village ..... Primary Registration District No. 5778 Registered No. 1418  
 or  
 City do (NO. ....) St. .... Ward .....  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

**2 FULL NAME** Cly J Warren

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
<b>3 SEX</b> <u>Male</u>	<b>4 COLOR OR RACE</b> <u>White</u>	<b>5 SINGLE MARRIED WIDOWED OR DIVORCED</b> (If write the word) <u>Married</u>		<b>16 DATE OF DEATH</b> <u>Aug 21</u> 191 <u>6</u> (Month) (Day) (Year)	
<b>6 DATE OF BIRTH</b> <u>Mar 30</u> 18 <u>77</u> (Month) (Day) (Yr)				<b>17 I HEREBY CERTIFY, that I attended deceased from</b> ..... 191..... to..... 191..... that I last saw h..... alive on..... 191..... and that death occurred, on the date stated above, at <u>9 a</u> m.	
<b>7 AGE</b> <u>39</u> yrs. <u>4</u> mos. <u>22</u> ds.		If LESS than 1 day.....hra. or.....min.?		The CAUSE OF DEATH* was as follows: <u>accidentally while working in cement plant (Verdict of Jury)</u> (Duration)..... yrs..... mos..... ds.	
<b>8 OCCUPATION</b> (a) Trade, profession, or particular kind of work <u>Labor</u> (b) General nature of industry business, or establishment in which employed (or employer) .....				<b>CONTRIBUTORY</b> (Secondary) <u>2056</u> (Duration)..... yrs..... mos..... ds.	
<b>9 BIRTHPLACE</b> (City or town, State or foreign country) <u>Perry county Mo</u>				<b>(Signed)</b> <u>R. Schow</u> <u>Coroner</u> M. D. (Address)..... <u>Gordonville Mo</u>	
<b>PARENTS</b>	<b>10 NAME OF FATHER</b> <u>Richard Warren</u>			<b>*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.</b>	
	<b>11 BIRTHPLACE OF FATHER</b> (City or town, State or foreign country) <u>Perry county Mo</u>				
	<b>12 MAIDEN NAME OF MOTHER</b> <u>Mary Law</u>				
<b>13 BIRTHPLACE OF MOTHER</b> (City or town, State or foreign country) <u>Perry county Mo</u>			<b>18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)</b> At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.		
<b>14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</b> (Informant) <u>annie warn</u> (Address) <u>Cape Girardeau</u>				Where was disease contracted if not at place of death? ..... Former or usual residence.....	
<b>15</b> Filed <u>Aug 21</u> 191 <u>6</u> <u>P. W. Fissell</u> Registrar				<b>19 PLACE OF BURIAL OR REMOVAL</b> <u>new Bethel cemetery</u> <b>DATE OF BURIAL</b> <u>Aug 22</u> 191 <u>6</u>	
				<b>20 UNDERTAKER</b> <u>Lorberg &amp; Son</u> <b>ADDRESS</b> <u>Cape Girardeau 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*, *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 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*, *peritonaeum*, 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.)

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 Cape Girardeau REGISTRARS SHALL NOT RECEIVE FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW  
 Township " Registration District No. 125 File No. ....  
 Village " Primary Registration District No. 5778 Registered No. 1418  
 City (NO. ....) St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Ely J. Warren

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M.

6 DATE OF BIRTH ..... 191.....  
 (Month) (Day) (Year)

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

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

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

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 21 1916.  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from ..... 191....., to ..... 191....., that I last saw him on ..... 191....., and that death occurred, on the date stated above, at ..... m. The CAUSE OF DEATH\* was as follows:  
Accidentally while working for current plant. - He stepped in conveyor and got ground up.  
 (Duration) ..... yrs. .... mos. .... ds.

PARENTS

10 NAME OF FATHER.....

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

12 MAIDEN NAME OF MOTHER.....

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

CONTRIBUTORY (Secondary).....  
 (Duration) ..... yrs. .... mos. .... ds.  
 (Signed) E. R. Johnson M. D.  
Aug 21 1916 (Address) Londonville, Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) .....  
 (Address) .....

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.....

15 Filed Oct 9 1916 R. W. James Registrar

19 PLACE OF BURIAL OR REMOVAL..... DATE OF BURIAL ..... 191.....  
 20 UNDERTAKER..... ADDRESS.....

SUPPLEMENTARY Certificate Information Supplied.

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*Tuberculosis of lungs, meninges, peritonaeum*, 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), *29ds.; 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 septichaemia," "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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