

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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	Safayette		Registration District No.	456
Township	Chase		File No.	34765
Village			Primary Registration District No.	56222
City			Registered No.	
FULL NAME			[If death occurred in a hospital or institution, give its NAME instead of street and number]	
John Ashcraft				
PERSONAL AND STATISTICAL PARTICULARS				
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED		
M	Wht	Widower		
DATE OF BIRTH				
May 19, 1849				
AGE				
67 yrs. 5 mos. 9 ds.				
OCCUPATION				
(a) Trade, profession, or particular kind of work				
Farmer				
(b) General nature of industry, business, or establishment in which employed (or employer)				
BIRTHPLACE				
(City or town, State or foreign country)				
Mo				
PARENTS	NAME OF FATHER			
	Horea Ashcraft			
	BIRTHPLACE OF FATHER			
	(City or town, State or foreign country)			
Maiden Name of Mother				
Mary Barker				
BIRTHPLACE OF MOTHER				
(City or town, State or foreign country)				
Ky				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant)				
Mrs E. M. Thomas				
(ADDRESS)				
Wilmington Mo.				
Filed				
Oct 2, 1916				
E. F. Gaine				
REGISTRAR				
MEDICAL CERTIFICATE OF DEATH				
DATE OF DEATH				
Feb 7, 1916				
I HEREBY CERTIFY, that I attended deceased from				
Feb 7, 1916, to Sept 28, 1916,				
that I last saw him alive on Aug 30, 1916,				
and that death occurred, on the date stated above, at 5 P. M.				
The CAUSE OF DEATH* was as follows:				
Chronic Interstitial Nephritis				
(Duration)				
170 yrs. mos. ds.				
Contributory				
(SECONDARY)				
(Duration)				
yrs. mos. ds.				
(Signed)				
E. P. Wheeler M. D.				
Sept 29, 1916 (Address)				
Odessa Mo				
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				
PLACE OF BURIAL OR REMOVAL				
Greenton Mo				
DATE OF BURIAL				
Sept 30, 1916				
UNDERTAKER				
C. E. Prather				
ADDRESS				
Odessa				

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*, *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.)

