

1 PLACE OF DEATH. *Prima Dist No 84* STATE OF ~~KANSAS~~ *MISSOURI*

County *Buchanan* STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS.

Township *Rush*
or

STANDARD CERTIFICATE OF DEATH.

City _____ No. _____ street _____ ward. No. *4691*

2 Full Name *Jesse Mount* [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS.

3 Sex. *Male* 4 Color or Race. *White* 5 Single, Married, *Married*, Widowed, or Divorced. (Write the word.)

6 Date of Birth. *Don't know* 19*59*
(Month) (Day) (Year)

7 Age. *57* yrs. *don't know* ds. or min. If LESS than 1 day, hrs. or min.

8 Occupation. (a) Trade, profession, or particular kind of work. *Laborer* (b) General nature of industry, business, or establishment in which employed (or employer). *as above Farmer*

9 Birthplace. (State or country). *Missouri*

10 Name of Father. *Matthias Mount*

11 Birthplace of Father. (State or country). *Tenisee*

12 Maiden name of Mother. *Jane Buchanan*

13 Birthplace of Mother. (State or country). *Tenisee*

14 The above is true to the best of my knowledge. (Informant) *George Mount* (Address) *Rushville R.F.D.*

15 Filed *Feb. 3* 19*17* *C.F. Haines* Registrar. 5-2140

MEDICAL CERTIFICATE OF DEATH.

16 Date of Death. *Feb 2* 19*17*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I *viewed* deceased ~~from~~ *viewed* *Feb. 3* 19*17*, to *1917*

that I last saw him *alive on* 19*17* and that death occurred on the date stated above, at _____

The CAUSE OF DEATH* was as follows:
Freezing and exposure
17 178

Contributory *not proper care of his health* (Secondary.) (Duration) yrs. mos. ds.

(Signed) *Harriet Thomeo Coombs, M.D.* *Feb 3* 19*17* (Address) *St. Joseph Mo*

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

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

19 Place of Burial or Removal. *Sugar creek* Date of Burial. *Feb 4 1917*

20 Undertaker. *J. A. Larouff* Address. *Atchison*

STATEMENT 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 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 servants 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, peritonæum*, 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," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "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 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.)