

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 Cole
Township Clark
or
Village Healey
or
City (NO. St. Ward)

Registration District No. 212 File No. 5153
Primary Registration District No. 5292 Registered No. 2

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

2 FULL NAME

John Healey

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED married
(Write the word)

16 DATE OF DEATH Feb 6 1917
(Month) (Day) (Year)

6 DATE OF BIRTH Oct 26 18823
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April 22 1916 to Feb 6 1917
that I last saw him alive on Dec 4 1916
and that death occurred, on the date stated above, at 9 A m.

7 AGE 33 yrs. 3 mos. 11 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:

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

Carcinoma of Mouth

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

39 (Duration) 1 yrs. 3 mos. ds.

10 NAME OF FATHER John Healey

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

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

(Signed) P. Lee Glover M. D.
Feb 6 1917 (Address) Eugene Mo

12 MAIDEN NAME OF MOTHER Elizabeth Hopkins

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

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

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. W. Healey
(Address) Healey Mo

19 PLACE OF BURIAL OR REMOVAL Hickory Hill Cem DATE OF BURIAL 2/7 1917

20 UNDERTAKER M. Schubert ADDRESS Russellville Mo

15 Filed Mar 10 1917 P. Lee Glover Registrar

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

FROM
THE BOARD OF
 Bureau of Vital Statistics
PERSON CITY,

Statement of occupation.—Precise statement of occupation.

relative health-
 The question
 pective of age.
 erm on the first
inter, Physician,
r, Civil engineer,
 uses, especially in
 to know (a) the
 f the business or
 ne is provided for
 nly when needed.
mill; (a) Salesman,
obile factory. The
 the second state-
 nan," "Manager,"
 cification, as *Day*
ine, 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 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.)