

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

1 PLACE OF DEATH

County Linn  
Township Lohio  
or  
Village  
or  
City (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 948 File No. 8691-1  
Primary Registration District No. 6060 Registered No. \_\_\_\_\_

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

2 FULL NAME ATM Ford

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 COLOR OR RACE White 5 MARRIED Married  
~~UNMARRIED~~  
~~OR DIVORCED~~  
(Write the word)

6 DATE OF BIRTH WK  
(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

AGE 54  
yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

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

10 NAME OF FATHER Uriah Forester

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

12 MAIDEN NAME OF MOTHER WK

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) L. F. J. J. J.  
(Address) Memphis, Mo.

15 Filed June 2, 1917 L. A. Gibbs  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Feb 1st 1917  
(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

17 I HEREBY CERTIFY, that I attended deceased from Jan 24th 1917 to Feb 1st 1917 that I last saw him alive on Jan 31st 1917 and that death occurred, on the date stated above, at 10 P.M.  
The CAUSE OF DEATH\* was as follows:

Lobar Pneumonia  
10  
(Duration) 9 mos. \_\_\_\_\_ ds.

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

(Signed) W. F. Pettit M. D.  
Feb 4th 1917 (Address) Rutledge, 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 \_\_\_\_\_ DATE OF BURIAL Feb 31 1917

20 UNDERTAKER \_\_\_\_\_ 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*, *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, 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.)

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

County Scott  
Township Tobias  
or  
Village  
or  
City (NO. \_\_\_\_\_) (Ward) \_\_\_\_\_

REGISTRARS SHALL NOT RECEIVE  
A FEE FOR CERTIFICATES UNTIL THEY  
ARE COMPLETED AS PRESCRIBED BY  
LAW

CERTIFICATE OF DEATH

Registration District No. 948 File No. \_\_\_\_\_  
Primary Registration District No. 6060 Registered No. \_\_\_\_\_

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

2 FULL NAME

am Ford

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH \_\_\_\_\_ (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) \_\_\_\_\_

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) \_\_\_\_\_

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

15 Filed June 2 1917 C. U. Gibbs Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 1 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

\_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (Signed) \_\_\_\_\_ M. D. \_\_\_\_\_, 191\_\_\_\_ (Address) \_\_\_\_\_

\*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 St. Donaldson DATE OF BURIAL Jan 3 1917

20 UNDERTAKER John H. Mutch ADDRESS Mumfordsmo

Satisfactory Information Supplied SUPPLEMENTARY

# Revised United States Standard Certificate of Death

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

Statement of occupation.—Precise statement  
important, so that the relative  
pursuits can be known. The  
and every person, irrespective  
occupations a single word or term  
sufficient, e. g., *Farmer* or  
*positor*, *Architect*, *Locomotive*  
*(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 there-  
fore an additional line is provided for the latter state-  
ment; 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 *House-*  
*keepers* 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 occu-  
pations of persons engaged in domestic service for  
wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occu-  
pation 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*; *Broncho-*  
*pneumonia* ("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 inter-  
current) 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), "Atro-  
phy," "Collapse," "Coma," "Convulsions," "De-  
bility" ("Congenital," "Senile," etc.), "Dropsy,"  
"Exhaustion," "Heart failure," "Haemorrhage,"  
"Inanition," "Marasmus," "Old age," "Shock,"  
"Uraemia," "Weakness," etc., when a definite dis-  
ease can be ascertained as the cause. Always qualify  
all diseases resulting from childbirth or miscarriage,  
as "PUERPERAL septichaemia," "PUERPERAL perito-  
nitis," 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 de-  
termine 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." (Recom-  
mendations on statement of cause of death approved  
by Committee on Nomenclature of the American  
Medical Association.)

1-1698