

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	Worth		Registration District No.	905-
Township	Allen		File No.	8982-13
or			Primary Registration District No.	6216
Village			Registered No.	
or				
City		(No. _____ St. _____ Ward _____)		
FULL NAME <u>Asbury Harrison Lockhart</u>				
PERSONAL AND STATISTICAL PARTICULARS				
SEX	COLOR OR RACE	MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> OR DIVORCED <input checked="" type="checkbox"/> (Write the word)		
male	white			
DATE OF BIRTH				
<u>December 11, 1870</u> (Month) (Day) (Year)				
AGE				
<u>76</u> yrs. <u>2</u> mos. <u>9</u> ds. IF LESS than 1 day, ____ hrs. or ____ min.?				
OCCUPATION				
(a) Trade, profession, or particular kind of work <u>Retired farmer</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>131 107th</u>				
BIRTHPLACE				
(City or town, State or foreign country) <u>Belleville Ill Mo</u>				
PARENTS	NAME OF FATHER <u>James Lockhart</u>			
	BIRTHPLACE OF FATHER <u>no record</u> (City or town, State or foreign country)			
	MAIDEN NAME OF MOTHER <u>Cassie Jones Lockhart</u>			
	BIRTHPLACE OF MOTHER <u>no record</u> (City or town, State or foreign country)			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Ben Lockhart</u>				
(ADDRESS) <u>Denver Mo</u>				
Filed <u>Feb 20 1917</u> <u>G. C. Jones</u> REGISTRAR				
MEDICAL CERTIFICATE OF DEATH				
DATE OF DEATH <u>February 20, 1917</u> (Month) (Day) (Year)				
I HEREBY CERTIFY, that I attended deceased from <u>Feb 10, 1917</u> , to <u>Feb 18, 1917</u> , that I last saw him alive on <u>Feb 16, 1917</u> , and that death occurred, on the date stated above, at <u>2:45 a.m.</u>				
The CAUSE OF DEATH* was as follows: <u>Primary Disease</u> <u>Broncho Pneumonia</u> <u>+ Chronic Nephritis</u> <u>= enlarged Bronchus =</u>				
(Duration) ____ yrs. ____ mos. <u>71</u> ds.				
Contributory <u>Chronic Bronchitis</u> (Secondary) (Duration) ____ yrs. ____ mos. <u>18</u> ds.				
(Signed) <u>J. H. Dove</u> M. D. <u>Feb 20, 1917</u> (Address) <u>Alton Mo</u>				
*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 <u>Kirk Cemetery</u>				
DATE OF BURIAL <u>Feb. 21, 1917</u>				
UNDERTAKER <u>O Prugh</u>				
ADDRESS <u>Grant City, 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, 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 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 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.)

