

paper was badly filled out
and clearly when filed *H. O. Gandy*

1 PLACE OF DEATH

County *Sevier*
Township *Miami*
or
Village
or
City (NO St. Ward)

Registration District No.

797

File No.

17347

Primary Registration District No.

6040

Registered No.

14

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

2 FULL NAME

Robert B. Adams

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Black

5 SINGLE
MARRIED
WIDOWED
OF DIVORCED
(Write the word)

single

6 DATE OF BIRTH

Sept 24 (Month) *1886* (Year)

7 AGE

25 yrs. *7* mos. *25* ds.

If LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry business, or establishment in which employed (or employer)

none

9 BIRTHPLACE

(City or town, State or foreign country)

Miami MO

10 NAME OF FATHER

Brother Adams

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Miami MO

12 MAIDEN NAME OF MOTHER

Catharine Rich

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Miami MO

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Brother Adams

(Address)

Miami MO

15

Filed

April 26 1917

Registrar

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

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April (Month) *18* (Day) *1917* (Year)

17 I HEREBY CERTIFY, that I attended deceased from *April 14*, 1917, to *April 14*, 1917, that I last saw him alive on *April 14*, 1917, and that death occurred, on the date stated above, at *4 A* m.

The CAUSE OF DEATH* was as follows:

Whooping cough
1st
1st
(Duration) yrs. mos. *17* ds.

CONTRIBUTORY *Bronchial Pneumonia* (Secondary)

(Duration) yrs. mos. *4* ds.

(Signed) *W. H. Madison* M. D.

4, 1917. (Address) *Marshall*

*State the Disease Causing Death, or, in deaths from Violent Causes, state (A) Manner of Injury; and (B) 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

Brookside Cemetery

DATE OF BURIAL

April 27 1917

20 UNDERTAKER

Porter Bros

ADDRESS

Marshall

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.

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.

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*, *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 hepatitis*, etc. The contributors (secondary or in current) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 days; *Bronchopneumonia* (secondary), 10 ds. Never state symptoms or terminal conditions such as "Asphyxia," "Anaemia" (merely "symptoms"), "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.)