

## 1 PLACE OF DEATH

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

County .....

Township.....

or

Village.....

or

City.....

Registration District No. 791

File No. 23800

Primary Registration District No. 1003

Registered No. 6653

(NO. 704 No. 117 St. 5 Ward)

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

2 FULL NAME

Thomas Martin

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb. 24, 1865 (Month) (Day) (Year)

7 AGE 52 yrs 3 mos 27 ds. 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)

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

PARENTS 10 NAME OF FATHER Not Known 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo 12 MAIDEN NAME OF MOTHER Lina Watkins 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Knapper (Address) Marshall Mo

15 Filed: 23 1917 May 6 Starkloff Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 21, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 14, 1917, to June 21, 1917, that I last saw him alive on June 20, 1917, and that death occurred, on the date stated above, at 7 a.m. The CAUSE OF DEATH\* was as follows:

Labor Pneumonia. (Duration).....yrs.....mos.....7 ds.

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

(Signed) R. J. Righter M. D. June 21, 1917. (Address) 158 Chestnut St. W.

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

18 PLACE OF RESIDENCE (For Hospitals, Institutions, Transients, or other Residents)

At place of death.....mos.....ds. In the State.....yrs.....mos.....ds.

Where was death contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL REMOVAL DATE OF BURIAL

Marshall Mo June 23, 1917

20 UNDERTAKER ADDRESS

Ed Will 3232 Pine

# 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, 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," "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 *prodigal*. It is impossible to determine definitely. Examples: *Struck by railway train—accident*; *Killed by hand—homicide*; *Poisoned by carbolic acid—prodigal*. The nature of the injury, as fracture of skull, and *sepsis, tetanus*) may be stated under the contributory." (Recommendations on statement of death approved by Committee on Nomenclature American Medical Association.)