

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

PLACE OF DEATH Warren Co. Mo.
 County Warren Co. Mo.
 Township Osceola Registration District No. 765 File No. 21 26307
 or
 Village _____ Primary Registration District No. 6266 Registered No. _____
 or
 City _____ (NO. _____ St. _____ Ward)

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

FULL NAME Norbert Joseph Murphy

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED
 WIDOWED OR DIVORCED
 (Write the word) single
 DATE OF BIRTH August 27, 1896
 (Month) (Day) (Year)
 AGE 20 yrs. 10 mos. 14 ds. If LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH July 4, 1917
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 1, 1917, to July 4, 1917
 that I last saw him alive on July 3, 1917
 and that death occurred, on the date stated above, at 5 1/2 m.

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

The CAUSE OF DEATH* was as follows:
Arteriosclerosis
of
Coronary Arteries
568
703
 (Duration) 3 yrs. 47 mos. ds.

BIRTHPLACE (City or town, State or foreign country) Missouri

Contributory Rheumatism
 (SECONDARY) (Duration) ___ yrs. ___ mos. ds.

PARENTS
 NAME OF FATHER Augustine Murphy
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Warren Co. Mo.
 MAIDEN NAME OF MOTHER Emma Morning
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Warren Co. Mo.

(Signed) E. A. Smith, M. D.
July 4, 1917 (Address) Osceola Mo.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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. _____

(Informant) A. Murphy
 (ADDRESS) Osceola Mo.

PLACE OF BURIAL OR REMOVAL Osceola Mo DATE OF BURIAL July 6, 1917

Filed July 5, 1917 Ruth Seavers
 REGISTRAR

UNDERTAKER H. L. Lewis ADDRESS Osceola Mo

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 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.)