

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

1 PLACE OF DEATH
Buchanan.

County
Township
or
Village
or
City

Registration District No. 85
1001
Primary Registration District No.
Ensworth Hospital

File No. 27828
926
Registered No.

2 FULL NAME Theodore Neal Shootz.

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

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX Male	4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single	
6 DATE OF BIRTH May. 26. 1906. (Month) (Day) (Year)	
7 AGE 11. yrs. 3. mos. 16. ds. IF LESS than 1 day, hrs. or min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work School Boy (b) General nature of industry business or establishment in which employed (or employer)	
9 BIRTHPLACE (City or town, State or foreign country) Andover, Missouri.	
PARENTS	10 NAME OF FATHER William Thompson.
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri.
	12 MAIDEN NAME OF MOTHER Grace Shootz.
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kansas.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Grace Thompson
(Address) 416 North 10th St

15 Filed Aug 28, 1917
H. D. L... per Deputy Registrar

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH August. 28. 1917. (Month) (Day) (Year)	17 I HEREBY CERTIFY, that I attended deceased from Aug 27, 1917 to Aug 28, 1917 that I last saw him alive on Aug 27, 1917 and that death occurred, on the date stated above, at 8.2. m. The CAUSE OF DEATH* was as follows: Gangrenous Appendicitis 12 1/2 108 (Duration) yrs. mos. 6. ds.
CONTRIBUTORY (Secondary)	(Signed) Jacob Geiger M. D. Aug 26, 1917 (Address) 614 Francis St
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death 0 yrs. 0 mos. 1 ds. In the State 11 yrs. 3 mos. 16 ds. Where was disease contracted Andover, Missouri if not at place of death? Former or usual residence Andover, Missouri.	
19 PLACE OF BURIAL OR REMOVAL Andover, Missouri.	DATE OF BURIAL August 29, 1917.
20 UNDERTAKER H. C. Sidonfaden	ADDRESS 415 N. 10 th St

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 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*, *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," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm 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*, not gainfully employed, as *At school* or *At home*. Care should be taken to report specific occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given on account of the DISEASE CAUSING DEATH, state the 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 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*

(statement of the relative known. The question, irrespective of age, a single word or term, e. g., *Farmer* or *Planter*, *Locomotive engineer*, 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) *Salesman*, (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*, *Laborer*—

Name, first, the primary affection; always the same Examples: *Diphtheria* 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.)