

## 1 PLACE OF DEATH

County DeWitt  
 or  
 Township Merimee  
 or  
 Village  
 or  
 City (NO. St. Ward)

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

Registration District No. 268 File No. 28144  
 Primary Registration District No. 5374 Registered No.

2 FULL NAME Fred Maxwell

[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) married

6 DATE OF BIRTH July 25, 1895  
 (Month) (Day) (Year)

7 AGE 22 yrs. 12 mos. 2 ds. If LESS than 1 day, hrs. or min.?

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

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

PARENTS  
 10 NAME OF FATHER A. D. Maxwell  
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Patterson Mo  
 12 MAIDEN NAME OF MOTHER Mary J Davis  
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Patterson Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. D. Maxwell (Address) Hones Mill Mo

15 Filed Aug 26, 1917 R. B. Bonaway Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8/6 1917  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191 to 191

that I last saw him alive on 191 and that death occurred, on the date stated above, at

The CAUSE OF DEATH\* was as follows:  
Killed by Lightning  
instantly  
180

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

(Signed) V M. D. 191 (Address)

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) 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 St. Louis Mo DATE OF BURIAL Aug 7, 1917

20 UNDERTAKER Musgrave ADDRESS Valer

# 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 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, 1910)*. 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 "Asthma," "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 SUICIDAL DEATHS state MEANS OF INJURY. For ACCIDENTAL, SUICIDAL, OR HOMICIDE, state the nature of the injury, such as, if impossible to determine definitely, "Accidental drowning; Struck by falling iron; Accidental poisoning; Fall from horse; Poisoning by barbituric acid; probably suicide." The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, talanus*) 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.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

1 PLACE OF DEATH

County Leont  
 Township Merimee  
 or  
 Village  
 or  
 City

Registration District No. 268 File No.  
 Primary Registration District No. 5374 Registered No.  
 (NO. St. Ward)

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

2 FULL NAME

Ed Maxwell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Aug 7 1917  
 (Month) (Day) (Year)

6 DATE OF BIRTH July 25<sup>th</sup> 1895  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 1917 to 1917, that I last saw him alive on 1917, and that death occurred, on the date stated above, at 11 a.m.

7 AGE 22 yrs. 0 mos. 2 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
Killed by lightning

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

Information Supplied

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

(Duration) 0 yrs. 0 mos. 0 ds.

10 NAME OF FATHER A. H. Maxwell

CONTRIBUTORY (Secondary) (Duration) 0 yrs. 0 mos. 0 ds.

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) St. Patterson Mo.

(Signed) No doctor (Address) Salem Mo.

12 MAIDEN NAME OF MOTHER Mary J. Davis

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

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. H. Maxwell (Address) Howes Mill Mo.

Where was disease contracted if not at place of death? Former or usual residence former

15 Filed Aug 26 1917. R. H. Conaway Registrar

19 PLACE OF BURIAL OR REMOVAL Stone Hill Cemetery DATE OF BURIAL Aug 7 1917  
 20 UNDERTAKER Musgraves ADDRESS Salem

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

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**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);

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*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 nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29ds.*; *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.)