

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

PLACE OF DEATH

County Lincoln
Township Monroe
or
Village
or
City (NO. _____ St.; _____ Ward)

Registration District No. 492 File No. 128 29107
Primary Registration District No. 499 Registered No. _____

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

FULL NAME John Miller

PERSONAL AND STATISTICAL PARTICULARS

CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married 17
(If wife the word) _____ (Day) (Year) _____

DATE OF BIRTH Nov 19 1891 that I attended deceased from August 17, 1917
(Month) _____ (Day) (Year) _____

AGE 76 yrs. 8 mos. _____ hrs. _____ min. that I last saw _____, 191____, and that _____ stated above, at _____ m. The CAUSE OF DEATH follows:

OCCUPATION (a) Trade, profession, or particular kind of work Farming 9
(b) General nature of industry, business, or establishment in which employed (or employer) Farming

BIRTHPLACE (City or town, State or foreign country) Virginia (Duration) 9 yrs. 2 mos. 2 ds.

PARENTS
NAME OF FATHER Robert Miller
BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia
MAIDEN NAME OF MOTHER Eleabeth Greer
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

Contributory Heart Failure
(Signed) Dr J Strickland M. D.
(Address) Grey 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
(Informant) J A Miller
(ADDRESS) Grey Mo RFD
Filed 9/27 1917 M. A. White REGISTRAR

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 _____

PLACE OF BURIAL OR REMOVAL Arbony Cem DATE OF BURIAL Aug 16, 1917
UNDERTAKER C A Rabush ADDRESS Wimpelf Mo

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 the kind of work and also (b) the nature of the industry, and therefore an additional line should be added to the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill worker*, (c) *Miner*, (d) *Grocery*; (a) *Foreman*, (b) *Auctioneer*, (c) *Merchant*. The material worked on may form part of the statement. Never return "Laborer" or "Traveller," "Dealer," etc., without more. Examples: *Day laborer, Farm laborer, Laborer in household*. Women at home, who are engaged in household work only (not paid *Housekeeper*), should be entered as *Housewife*. *Home* may be entered as *Home*. Children, not gainfully employed, should be entered as *Child*. Care should be taken to enter the occupation of persons engaged in household work as *Domestic servant, Cook, Housemaid*, etc., when changed or given up on account of illness. At DEATH, state occupation at time of death. If retired from business, that fact should be stated. Example: *Farmer (retired, 6 yrs.)* For persons of 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 organ; "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 *septicæmia*," "PUERPERAL *pyæmia*," etc. State cause for which surgical operation was performed. For VIOLENT DEATHS state MEANS OF DEATH. Examples: *Accidental drowning; Struck by moving 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.)