

MARGIN RESERVED FOR BINDING

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: Jackson
 County: Washington Registration District No. 44 File No. 38542
 Township: Dallas or Waco Primary Registration District No. 1558 Registered No. 72
 City: _____ (NO. _____) St. _____ Ward: _____

2 FULL NAME: Minnie Collins

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female 4 COLOR OR RACE: White 5 SINGLE MARRIED WIDOWED X OR DIVORCED: Wid
 6 DATE OF BIRTH: June 8 1849
 (Month) (Day) (Year)
 7 AGE: 68 yrs 5 mos 5 ds If LESS than 1 day... hrs. or... min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work: None
 (b) General nature of industry, business, or establishment in which employed (or employer):
 9 BIRTHPLACE (City or town, State or foreign country): Missouri

PARENTS

10 NAME OF FATHER: Thos. Riffton
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Tennessee
 12 MAIDEN NAME OF MOTHER: Sarah Ford
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Tennessee

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: November 13 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 27th, 1917, to Nov 12th, 1917, that I last saw him alive on Nov 12th, 1917, and that death occurred, on the date stated above, at 5:25 a.m.

The CAUSE OF DEATH* was as follows:
Interstitial Nephritis
131
132 1/2 (Duration) 70 yrs. mos. ds.
 CONTRIBUTORY Eczema (Secondary) (Duration) _____ yrs. mos. ds.
 (Signed) Dr. Praeger M. D. (Address) Martin City, Mo
11-13th, 1917

*State the Disease Causing Death, or, in death 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: Linwood Cemetery DATE OF BURIAL: Nov 16, 1917
 20 UNDERTAKER: Johnson Co ADDRESS: 424 West 1st St
R. V. Lindsey NR Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs. A. C. Smith
 (Address) Dollie, Mo

15 Filed: Nov 16 1917 Registrar: E. Brennan

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,

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the latter
hen needed.
ll; (a) *Sales-
mobile factory.*
of the second
"Foreman,"

MANAGER, SPECIAL, ETC., WITHOUT more precise specification, as *Day laborer*, *Farm laborer*, *Laborer*—

are engaged
paid *House-
y* be entered
nd children,
or *At home.*
ly the occu-
service for
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*; *Broncho-pneumonia* ("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.)



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