

N. B.—Key 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

40500

1 PLACE OF DEATH
County Barton
Township Nashville
or
Village
or
City (NO. St. Ward)

Registration District No. 46
Primary Registration District No. 5069

File No.
Registered No.

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

2 FULL NAME Edward Pugh

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 12 1869
(Month) (Day) (Year)

7 AGE 48 yrs 2 mos 19 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION none
(a) Trade, profession, or particular kind of work Real Estate
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Illinois
(City or town, State or foreign country)

PARENTS
10 NAME OF FATHER Wm R Pugh
11 BIRTHPLACE OF FATHER Tennessee
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Mary Caskey
13 BIRTHPLACE OF MOTHER Tennessee
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Chas Pugh
(Address) Jasper Mo R. 4

15 Filed Jan 14 1918 Claude J Branch
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 31 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 9th, 1917, to Dec 31, 1917, that I last saw him alive on Dec 16, 1917, and that death occurred, on the date stated above, at 7 P. m.

The CAUSE OF DEATH* was as follows:
Chronic Tuberculosis Respiratory
131 MO
(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary)
(Duration)..... yrs..... mos..... ds.
(Signed) J. M. Schmitz M. D.
Jan 10th 1918 (Address) Jasper Mo

*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 Wabers Cem DATE OF BURIAL Jan 1 1918

20 UNDERTAKER DW Teeter ADDRESS Jasper Mo

ed United States Standard Certificate of Death

oved by U. S. Census and American Public Health
Association.]

atement of occupation.—Precise statement of
tion is very important, so that the relative
ulness of various pursuits can be known. The
n applies to each and every person, irrespective

For many occupations a single word or term
first line will be sufficient, e. g., *Farmer* or
Physician, Compositor, Architect, Locomotive
Civil engineer, Stationary fireman, etc. But
y cases, especially in industrial employments,
ecessary to know (a) the kind of work and also

ature of the business or industry, and there-
fore an additional line is provided for the latter
statement; it should be used only when needed.

As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Sales-*
man, (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 *House-*

keepers 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 occupa-
tions 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; Broncho-*
pneumonia ("Pneumonia," unqualified, is indefini-
Tuberculosis of lungs, meninges, peritoneum, (n
Carcinoma, Sarcoma, etc., of (n
origin; "Cancer" is less definite; avoid use of "Tum
for malignant neoplasms); *Measles; Whooping cou*
Chronic valvular heart disease; Chronic interst
nephritis, etc. The contributory (secondary or
tercurrent) affection need not be stated unless
portant. Example: *Measles* (disease causing dea
29 ds.; Bronchopneumonia (secondary), *10 ds.* Ne
report mere symptoms or terminal conditions, s
as "Asthena," "Anaemia" (merely symptom
"Atrophy," "Collapse," "Coma," "Convulsio
"Debility" ("Congenital," "Senile," etc.), "Drops
"Exhaustion," "Heart failure," "Haemorrhag
"Inanition," "Marasmus," "Old age," "Shoc
"Uraemia," "Weakness," etc., when a def
disease can be ascertained as the cause. Alw
qualify all diseases resulting from childbirth or r
carriage, as "PUERPERAL septicaemia," "PUERPE
peritonitis," etc. State cause for which surgical o
ation was undertaken. For VIOLENT DEATHS st
MEANS OF INJURY and qualify as ACCIDENTAL, s
CIDAL, OR HOMICIDAL, or as *probably* such, if imp
sible to determine definitely. Examples: *Acciden*
drowning; Struck by railway train—accident; Revol
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 "Con-
tributory." (Recommendations on statement of
cause of death approved by Committee on Nomen-
clature of the American Medical Association.)