

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
 County Dist
 Township Spring Creek
 or
 Village Dalton, Mo
 or
 City Dalton, Mo (NO. 266 St. 5-370 Ward) File No. 751
 Registered No. 18

2 FULL NAME Adair Robert Harvey

[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 Single
(Write the word)

6 DATE OF BIRTH Oct. 5th 1902
(Month) (Day) (Year)

7 AGE: 15 yrs. 3 mos. 8 ds.
If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE Springfield, Ill.
(City or town, State or foreign country)

10 NAME OF FATHER M.H. Harvey

11 BIRTHPLACE OF FATHER Dist Co. Mo
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER Grace M. Smith

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Ode Powell
 (Address) Dalton, Mo.

15 Filed 1/14 1918 W.E. Rudd
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 13th 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan. 7th 1918 to Jan. 13th 1918
 that I last saw him alive on Jan. 12th 1918
 and that death occurred, on the date stated above, at 12:50 P.M.

The CAUSE OF DEATH was as follows:
Acute Lobar Pneumonia
and acute Meningitis
108 min

CONTRIBUTORY Small Pox
(Secondary) (Duration) 7 yrs. 15 mos. 15 ds.

(Signed) W.E. Rudd M. D.
1/13 1918 (Address) Dalton, 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 Cedar Grove Cemetery DATE OF BURIAL 1/14 1918

20 UNDERTAKER None ADDRESS —

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statement of the relative be known. The person, irrespective single word or term ant, e. g., *Farmer* or *Architect*, *Locomotive fireman*, etc. But in industrial employments, (a) the kind of work and also business or industry, and there is provided for the latter should be used only when needed. *Spinner*, (b) *Cotton mill*; (a) *Salesman*; (b) *Automobile factory*. worked on may form part of the second. Never return "Laborer," "Foreman," "Dealer," etc., without more precise tion, as *Day laborer*, *Farm laborer*, *Laborer—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, 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*; *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.)