

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

County Laclede
Township Brushcreek
or
Village
or
City

Registration District No. 305
Primary Registration District No. 5423

File No. 8504
Registered No. 93

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

2 FULL NAME William Eugene Key

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Mar. 21 1918
(Month) (Day) (Year)

7 AGE 2 yrs. 2 mos. 2 ds. IF LESS than 1 day.....hrs. or.....min.?

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

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

PARENTS
10 NAME OF FATHER Andy Key
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Keosauqua, Mo.
12 MAIDEN NAME OF MOTHER Della F. Cuneia
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Japan, Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Andy Key
(Address) Lea, Mo.

15 Filed Apr. 13. 1918 J. J. Trussell Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar. 22 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Mar. 21 1918, to Mar. 22 1918, that I last saw him alive on Mar. 21 1918, and that death occurred, on the date stated above, at 7:30 a.m.
The CAUSE OF DEATH* was as follows:

Chilpax, 69
85
(Duration) yrs. mos. ds.

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

(Signed) W. H. ... M. D. Mar. 22 1918 (Address) Lea, 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 Warren Cemetery DATE OF BURIAL Mar. 23 1918

20 UNDERTAKER J. E. Hartmeister ADDRESS Lea, Mo.

United States Standard Certificate of Death

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

Occupation.—Precise statement of occupation is important, so that the relative health-pursuits can be known. The question should be asked of every person, irrespective of age. Use only one word or term on the first line, e. g., *Farmer or Planter, Physician, Locomotive engineer, Civil engineer, etc.* But in many cases, especially in domestic services, it is necessary to know (a) the nature of the business or occupation, and (b) the nature of the business or occupation, before an additional line is provided for occupation; it should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Locomotive engineer, (c) Automobile factory.* The occupation may form part of the second statement, e. g., "Laborer," "Foreman," "Manager," without more precise specification, as *Day laborer, Laborer—Coal mine, etc.* Women engaged in the duties of the household, e. g., *Housewife, Housework, or At home,* and those who receive a definite salary, e. g., *Housewife, Housework, or At home,* should be fully employed, as *At school or At home.* Men should report specifically the occupations, e. g., *Domestic service for wages, as Servant, etc.* If the occupation has been reported up on account of the DISEASE CAUSING OCCUPATION at beginning of illness. If necessary, that fact may be indicated thus: *(Occupation) For persons who have no occupation write None.*

Immediate cause of death.—Name, first, the immediate cause of DEATH (the primary affection with remote causation), using always the same word for the same disease. Examples: *Cerebral meningitis*; the only definite synonym is "Epidemic meningitis"; *Diphtheria* (avoid use of "Diphtheritic fever" (never report "Typhoid pneumonia"; *Bronchopneumonia* ("Pneumonia" is indefinite); *Tuberculosis of lungs, Carcinoma, Sarcoma, etc., of the 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.)