

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Duplicate of 9472
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Jefferson
 Township _____ Registration District No. 470 File No. 9472
 or _____
 Village _____ Primary Registration District No. 3022 Registered No. 255
 or _____
 City Desoto Mo (NO. 6th St St. 1st Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Clinton A Hamilton

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>
5 SINGLE MARRIED WIDOWED OF DIVORCED (Write the word) <u>Single</u>	
6 DATE OF BIRTH <u>Nov 28 1916</u> (Month) (Day) (Year)	
7 AGE <u>1 3 3</u> yrs. mos. ds. If LESS than 1 day, hrs. or min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry business, or establishment in which employed (or employer) <u>None</u>	
9 BIRTHPLACE (City or town, State or foreign country) <u>Desoto Missouri</u>	
PARENTS	10 NAME OF FATHER <u>James H Hamilton</u>
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Festus Missouri</u>
	12 MAIDEN NAME OF MOTHER <u>Effie Heilman</u>
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Jefferson County Missouri</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Ms Effie Hamilton</u> (Address) <u>Desoto Mo</u>	
15 Filed <u>Mar 5 1918</u> <u>O. L. Rausch</u> Registrar	

MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH <u>MAR 2 1918</u> (Month) (Day) (Year)	
17 I HEREBY CERTIFY, that I attended deceased from <u>Feb 11 1918</u> to <u>Mar 3 1918</u> that I last saw <u>her</u> alive on <u>March 3 1918</u> and that death occurred, on the date stated above, at <u>9:10 P.M.</u>	
The CAUSE OF DEATH* was as follows: <u>nasal Diphtheria</u> <u>10</u> <u>10:16</u>	
(Duration) yrs. mos. ds. <u>3</u> ds.	
CONTRIBUTORY (Secondary) <u>Broncho-Pneumonia</u> (Duration) yrs. mos. ds. <u>20</u> ds.	
(Signed) <u>R. D. Danneberg</u> M. D. <u>3/4 1918</u> (Address) <u>Desoto Mo</u>	
*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 <u>Festus Mo</u>	DATE OF BURIAL <u>MAR 1918</u>
20 UNDERTAKER <u>A. Coxwell Tom</u>	ADDRESS <u>Desoto Mo</u>

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 (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (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 *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, peritonaeum*, 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 child-birth 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.)

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

1 PLACE OF DEATH

County Jefferson

Township or Village or City De Soto

Registration District No. 420

File No. 1178

Primary Registration District No. 3027

Registered No. 253

(No. _____ St. _____ Ward _____)

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

2 FULL NAME

Clinton Albert Hamilton

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov 28 1916
(Month) (Day) (Year)

7 AGE 1 yrs. 3 mos. 3 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 of foreign country) De Soto Mo

10 NAME OF FATHER James H. Hamilton

11 BIRTHPLACE OF FATHER (City or town, State of foreign country) Festus Mo

12 MAIDEN NAME OF MOTHER Effie M. Hamilton

13 BIRTHPLACE OF MOTHER (City or town, State of foreign country) De Soto Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. H. Hamilton
(Address) De Soto Mo

15 Filed Nov 4 1918 O. L. Pausley Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 3 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb 10 1918 to Mar 3 1918, that I last saw him alive on March 3 1918 and that death occurred, on the date stated above, at 9⁰⁰ a.m.

The CAUSE OF DEATH* was as follows:
No. 1 Diphtheria

(Duration) 5 yrs. 5 mos. 5 ds.

CONTRIBUTORY (Secondary) Broncho Pneumonia
(Duration) 4 yrs. 4 mos. 4 ds.

(Signed) P. O. Russell M. D.
3/4 1918 (Address) De Soto 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 Festus Mo DATE OF BURIAL Mar 5 1918

20 UNDERTAKER P. O. Russell ADDRESS De Soto Mo

Revised United States Standard Certificate of Death

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

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2776
"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.)