

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

1 PLACE OF DEATH

County

Lafayette Co

Township

Doves

Registration District No.

459

File No.

18 13734

Village

Higginsville

Primary Registration District No.

1273

Registered No.

15

City

(NO.

St.

Ward)

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

2 FULL NAME

Infant of Mr & Mrs A Bishop

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Boy

4 COLOR OR RACE

White

5 SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

Single

6 DATE OF BIRTH

March 29 1918  
(Month) (Day) (Year)

7 AGE

6 yrs. 6 mos. 6 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)

Higginsville Mo

10 NAME OF FATHER

Adolph Bishop

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Higginsville Mo

12 MAIDEN NAME OF MOTHER

Edith Fisher

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Harleton Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

H. M. Fisher

(Address)

Higginsville

15

Filed

6/6

1918

H. V. Horwood

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

April 4 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

April 1 1918 to April 4 1918

that I last saw him alive on April 3 1918

and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH\* was as follows:

Blue Baby.

1570

150

(Duration) yrs. mos. ds.

CONTRIBUTORY

(Secondary)

(Duration) yrs. mos. ds.

(Signed)

4/4/18

1918:

(Address)

D. W. B. M. D.  
Higginsville

\*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

San Carlos Cem.

DATE OF BURIAL

4/5 1918

20 UNDERTAKER

Doerflinger Memorial Higginsville Mo.

ADDRESS

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Medical Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be determined. The question applies to each and every person, regardless of age. For many occupations a single word or short phrase in the first line will be sufficient, e. g., *Farmer*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Mill engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to specify (a) the kind of work and also (b) the nature of the business or industry in which the person is engaged. The material words on which to base the statement may be: (a) *Foreman*, (b) *Operator*, (c) *Assistant*, (d) *Worker*, (e) *Helper*, (f) *Overseer*, (g) *Inspector*, (h) *Inspector*, (i) *Inspector*, (j) *Inspector*, (k) *Inspector*, (l) *Inspector*, (m) *Inspector*, (n) *Inspector*, (o) *Inspector*, (p) *Inspector*, (q) *Inspector*, (r) *Inspector*, (s) *Inspector*, (t) *Inspector*, (u) *Inspector*, (v) *Inspector*, (w) *Inspector*, (x) *Inspector*, (y) *Inspector*, (z) *Inspector*. Never return "Laborer," "Factory worker," "Dealer," etc., without more precise specification. *Day laborer*, *Farm laborer*, *Laborer—Coal*, etc., for women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housekeeper*, etc., and children, not gainfully employed, as *Child*. Care should be taken to report special occupations of persons engaged in domestic service, e. g., *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 whose occupation whatever, write *None*.

**Statement of cause of death.**—Name of the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, e. g., *Cerebrospinal fever* (the only definite synonym for "Epidemic cerebrospinal meningitis"); *Diphtheria*; *Croup*; *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia*, unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, etc., of (name origin; "Cancer" is obsolete; avoid

use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Coronary heart disease*; *Chronic interstitial nephritis*, etc. Do not be stated unless contributory (secondary or intercurrent) unless it is not be stated unless important. Example: *Heart failure* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Constitutional lesions," "Debility" ("Congenital," "Senile," "Acute," "Chronic"), "Exhaustion," "Heart failure," "Hæmorrhage," "Inflammation," "Marasmus," "Old age," "Stenosis," "Weakness," etc., when a definite cause can be ascertained. Always qualify the death as "terminal," "intermittent," "recurrent," etc., when the nature of the disease is not clear. The nature of the injury, as from fall, fall, and consequences (e. g., *sepsis, tetanus*) may be reported under the head of "Contributory." (Recommendations on Nomenclature of the American Medical Association.)