

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.

PLACE OF DEATH		ORIGINAL		DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS	
County	Atchison Co	31490	21	STANDARD CERTIFICATE OF DEATH	
Township	Buchanan	5030		STATE OF MISSOURI	
Village				Registered No.	
City	Harry Mages			[If death occurred in a hospital or institution, give its NAME instead of street and number.]	
FULL NAME					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (Write the word.)	16 DATE OF DEATH		
male	white	Single	Oct 24	1918	
6 DATE OF BIRTH			17 I HEREBY CERTIFY, That I attended deceased from		
Dec 21 1900			Oct 10 th , 1918, to Oct 24, 1918,		
7 AGE	17 yrs. 10 mos. 3 ds.		that I last saw him alive on Oct 24, 1918,		
8 OCCUPATION	Farmer		and that death occurred, on the date stated above, at 6 p.m.		
9 BIRTHPLACE	Atchison Co Mo		The CAUSE OF DEATH* was as follows:		
10 NAME OF FATHER	Bird Mages		Influenza & diphtheria		
11 BIRTHPLACE OF FATHER	Missouri		Complicated with Pneumonia		
12 MAIDEN NAME OF MOTHER	Zook		10/10 (Duration) 7 yrs. 14 mos. 14 ds.		
13 BIRTHPLACE OF MOTHER	Missouri		Contributory Influenza		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Bird Mages		(Signed) Charles J. Kelly M. D.		
(Informant)	Hamburg Ia		191 (Address) Hamburg Ia		
(Address)			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
15 Filed	Oct 30 1918 J. A. Gray Registrar		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)		
			At place of death . . . yrs. . . mos. . . ds. State . . . yrs. . . mos. . . ds.		
			Where was disease contracted, if not at place of death?		
			Former or usual residence . . .		
			19 PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL
			Mt Olaore		Oct 26 1918
			20 UNDERTAKER		ADDRESS
			Fred Oldried		Hamburg Ia

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*, *Composer*, *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 beginning of illness. If retired from business, that it 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, peritoncum*, 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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaus-

tion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebotomy, pyemia, septicemia, tetanus." But general adoption of minimum list suggested will work vast improvement, and scope can be extended at a later date.