

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

32-83 w

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

**1 PLACE OF DEATH**  
 County Lewis  
 Township Osage  
 or  
 Village  
 or  
 City (NO. St. Ward)

Registration District No. 1113 File No. 323630  
 Primary Registration District No. 5317 Registered No. 2

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

**2 FULL NAME** Wm Cassidy

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3 SEX** male **4 COLOR OR RACE** white **5 SINGLE MARRIED WIDOWED OR DIVORCED** married  
(Write the word)

**16 DATE OF DEATH** Oct 25 1918  
(Month) (Day) (Year)

**6 DATE OF BIRTH** Jan 13 1853  
(Month) (Day) (Year)

**17 I HEREBY CERTIFY**, that I attended deceased from Oct 21 1918 to Oct 25 1918 that I last saw him alive on Oct 25 1918 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**7 AGE** 66 yrs. 9 mos. 13 ds.  
If LESS than 1 day, hrs. or min.?

The **CAUSE OF DEATH\*** was as follows:

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

114 Influenza  
10 (Duration) yrs. mos. 3 ds.

**9 BIRTHPLACE** (City or town, State or foreign country) Jackson County Ohio

**CONTRIBUTORY** (Secondary) Softening of Brain  
 (Duration) yrs. mos. ds.  
 (Signed) R. H. ... M. D.  
 1918 (Address) ...

**10 NAME OF FATHER** Robert L. Cassidy

**11 BIRTHPLACE OF FATHER** (City or town, State or foreign country) Penn.

**12 MAIDEN NAME OF MOTHER** Sarah Crofton

**13 BIRTHPLACE OF MOTHER** (City or town, State or foreign country) Not known

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.**  
 (Informant) Henry Cassidy  
 (Address) Lewisville Mo

**18 LENGTH OF RESIDENCE** (For Hospitals, Institutions, Transients, or Recent Residents)  
 At place of death 5 yrs. mos. ds. In the all life State yrs. mos. ds.  
 Where was disease contracted if not at place of death? Place of B.  
 Former or usual residence same

**15** Filed Jan-21-1919 ... Registrar

**19 PLACE OF BURIAL OR REMOVAL** Charville, Mo **DATE OF BURIAL** Oct 27 1918

**20 UNDERTAKER** P. S. Cooper **ADDRESS** St. Louis, Mo

# 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 is to be asked of each and every person, irrespective of age. In many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Contractor, Architect, Locomotive engineer, Civil engineer, Railway fireman*, etc. But in many cases, especially in unusual employments, it is necessary to know (a) the nature of the work and also (b) the nature of the business or industry, and therefore an additional line is provided for a more detailed statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Storekeeping*; (a) *Foreman*, (b) *Automobile factory*. The occupation actually worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Operator," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (and not paid *Housekeepers* who receive a definite salary), should be entered as *Housewife, Housework, or At home*, and women, not gainfully employed, as *At school* or *At home*. Occupations 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 discontinued 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: *retired, 8 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 *septicæmia*," "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.)