

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.

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

1 PLACE OF DEATH

32500-13

County Dunklin
Township Freemans
or
Village
or
City

Registration District No. 284 File No. 53-32500-13
Primary Registration District No. S. 284 Registered No.
St. Ward

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

2 FULL NAME B. L. Skidmore

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 16, 1869
(Month) (Day) (Year)

7 AGE 49 yrs. 7 mos. 11 ds. If LESS than 1 day, hrs. or min.?

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

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

PARENTS
10 NAME OF FATHER James Monroe Skidmore
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
12 MAIDEN NAME OF MOTHER Catharin Hoet
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 (Month) 28 (Day) 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from 10-27 1918 to 10-28 1918, that I last saw him alive on 10-28 1918, and that death occurred, on the date stated above, at 4 a. m.
The CAUSE OF DEATH* was as follows:
Influenza
11 P. 10
3 days 8 P.M.
(Duration) yrs. mos. ds.

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

(Signed) W. C. Kight M. D.
11/21, 1918 (Address) St. Louis, 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 St. Pauls Cemetery DATE OF BURIAL 10-28, 1918

20 UNDERTAKER W. M. Howard ADDRESS Clark St. Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. S. Skidmore
(Address) Freemans, Mo

15 Filed Jan 2, 1919 J. B. ... Registrar

United States Standard Certificate of Death

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

Statement of occupation.—Precise statement of occupation is very important, so that the relative value of various pursuits can be known. The same applies to each and every person, irrespective of sex. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer* or *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also the nature of the business or industry, and therefore an additional line is provided for the latter purpose; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Occupation worked on may form part of the second line. Never return "Laborer," "Foreman," "Farmer," "Dealer," etc., without more precise information, as *Day laborer*, *Farm laborer*, *Laborer—mechanic*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housewife* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, when fully employed, as *At school* or *At home*. For persons who should be taken to report specifically the occupation of persons engaged in domestic service for such as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of disease causing death, state occupation at the time of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, return *None*.

Statement of cause of death.—Name, first, of the disease causing death (the primary affection in respect to time and causation), using always the accepted term for the same disease. Examples: *Spinal fever* (the only definite synonym is *Acute cerebrospinal meningitis*); *Diphtheria* (never 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 of organ or organ system; "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.)