

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

1 PLACE OF DEATH
County Marion
Township
or
Village
or
City Hannibal (NO. 1216 North St. W Ward)
2 FULL NAME Bert Harris

Registration District No. 547 File No. 34690
Primary Registration District No. 3029 Registered No. 312

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 5 (Month) 23 (Day) 1897 (Year)

7 AGE 31 yrs. 4 mos. 21 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Hannibal Mo.

PARENTS
10 NAME OF FATHER Elliott Harris
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Shelbina
12 MAIDEN NAME OF MOTHER Verna Livingston
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Wallerilla

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Elliott Harris
(Address) 1216 North St

15 Filed Oct 15 1918 Fenton Brown Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 13 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 1 1918, to Oct 13 1918, that I last saw him alive on Oct 12 1918, and that death occurred, on the date stated above, at 4:30 am.

The CAUSE OF DEATH* was as follows:

1113 Influenza
10
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Duration yrs. mos. ds.

(Signed) J. H. M. Meeker M. D.
10/13 1918 (Address) 1217 Church

*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 Baptist Cemetery DATE OF BURIAL 10/17 1918

20 UNDERTAKER O. Deuell Pro ADDRESS Hannibal

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, Professor, Architect, Locomotive engineer, Civil engineer, Secondary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the nature of work and also (b) the nature of the business or industry, and therefore an additional line is provided for better statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman, Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Teacher," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (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*. Men 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: *Teacher (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 reference to time and causation), using always the same adopted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "diphtheritic"); *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 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.)