

Exact statement of OCCUPATION is very important.

35492

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

PLACE OF DEATH  
County St. Francois  
Township "  
or  
Village Riverview  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

Registration District No. 774 File No. 35492-C  
Primary Registration District No. 6018-B Registered No. 7

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

FULL NAME Harold Burton Hassell

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single  
DATE OF BIRTH February 27, 1918  
(Month) (Day) (Year)  
AGE 7 yrs. 7 mos. 29 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) X

BIRTHPLACE (City or town, State or foreign country) Riverview Mo  
PARENTS NAME OF FATHER Ora L Hassell BIRTHPLACE OF FATHER (City or town, State or foreign country) Missouri  
MAIDEN NAME OF MOTHER Ollie M Wallace BIRTHPLACE OF MOTHER (City or town, State or foreign country) Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ora L Hassell  
(ADDRESS) Riverview Mo

Filed Jan 20, 1919. Dr. P. L. Keith  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH. October 26, 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 5, 1918, to Oct 16, 1918, that I last saw him alive on Oct 25, 1918, and that death occurred, on the date stated above, at 79 m.

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

91  
(Duration) \_\_\_\_ yrs. X mos. 21 ds.

Contributory Chronic Indigestion  
(SECONDARY) (Duration) \_\_\_\_ yrs. 7 mos. 8 ds.

(Signed) Edw. B. Rohbock M. D.  
Oct 26, 1918 (Address) Ray River, Mo.

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

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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Ray R. Cemetery DATE OF BURIAL Dec 28, 1918

UNDERTAKER Wey Bunker ADDRESS Ray River Mo.

## 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 healthiness of various pursuits can be known. The question is to each and every person, irrespective of age, many occupations a single word or term on the first will be sufficient, e. g., *Farmer or Planter, Physician, Visitor, Architect, Locomotive engineer, Civil engineer, Factory fireman*, etc. But in many cases especially in rural 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 further statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Store*; (a) *Foreman*, (b) *Automobile factory*. The person who has never worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Farmer," etc., without more precise specification, as *Day 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 not gainfully employed, as *At school* or *At home*. Men should be taken to report specifically the occupations in which they are engaged in domestic service for wages, as *Seaman, 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 returned from business, that fact may be indicated thus: *(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 term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic spinal 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 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.)