

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

PLACE OF DEATH
County Pennock
Township Little Basin
or
Village
or
City

Registration District No. 1151 File No. 41282
Primary Registration District No. 5802 Registered No. 251

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

2 FULL NAME *Jim Adair* NO

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male	4 COLOR OR RACE White	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
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16 DATE OF DEATH *Nov 2* 191*8*
(Month) (Day) (Year)

6 DATE OF BIRTH Dec. 22 1948
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from
 presented for it on Oct 29 - 1918
 191. to 191.
 did not see the child
 that I last saw h. alive on 191.

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

and that death occurred, on the date stated above, at.....m.

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

The CAUSE OF DEATH* was as follows:

9 BIRTHPLACE
(City or town,
State or foreign country) *Pompey Co Ind*

PARENTS	10 NAME OF FATHER	Boch Adersio
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	Smuklin Co Mo
	12 MAIDEN NAME OF MOTHER	Burly Kelly
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	Comman Co Mo

(Duration) 10 yrs. 14 mos. 4 ds.

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

(Signed) W. H. Anderson M. D.
 Av. 3rd 1918 (Address) Donahoe Ave

*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.....

15 PLACE OF BURIAL OR REMOVAL Remusat Co.	DATE OF BURIAL Nov. 8, 1918
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20 UNDERTAKER *J. K. Lewis* ADDRESS *P. O. Box 440*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rich Adams

(Address) Caruthersville

15 *Dec. 3^d 1918*
Filed *B. D. Lowe*
Registrar

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 *Miner*, *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 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*. Material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise designation, as *Day laborer*, *Farm laborer*, *Laborer—miner*, etc. Women at home, who are engaged in duties of the household only (not paid *Housewives* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, when gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations of persons engaged in domestic service for others, 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: *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, 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 "Asthma," "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.)