

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.

PARTITION OF DECEASED

YEARS OF BIRTH

PLACE OF DEATH

Dunklin

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

Township Registration District No. *288* File No. *477 43-348-2*
 or Primary Registration District No. *4165* Registered No. *207*
 Village
 or
 City *Clayton, Missouri* (NO. St. Ward)

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

2 FULL NAME *Stephen Kolbaker*

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) *Single*
 6 DATE OF BIRTH *December, 13, 1918*
 (Month) (Day) (Year)
 7 AGE *0* yrs. *0* mos. *0* ds. If LESS than 1 day, *3* hrs. or *?* min.?

16 DATE OF DEATH *December 13, 1918*
 (Month) (Day) (Year)

8 OCCUPATION
 (a) Trade, profession, or particular kind of work *none*
 (b) General nature of industry, business, or establishment in which employed (or employer) *none*

17 I HEREBY CERTIFY, that I attended deceased from *December 13, 1918* to *December 14, 1918*, that I last saw him alive on *December 13, 1918*, and that death occurred, on the date stated above, at *5 A.* m.

The CAUSE OF DEATH* was as follows:
Pulmonary Edema
10/12/18
 (Duration) *0* yrs. *0* mos. *5* ds.

9 BIRTHPLACE (City or town, State or foreign country) *Clayton, Missouri*

CONTRIBUTORY (Secondary)
 (Signed) *J. F. Brooks* M. D. (Address) *Clayton, Missouri*

PARENTS
 10 NAME OF FATHER *Joseph Clint Kolbaker*
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Sibleton, Missouri*
 12 MAIDEN NAME OF MOTHER *Pearl E. Preston*
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *East Prairie, 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) *Clint Baker*
 (Address) *Clayton, Missouri*

15 Filed *Dec 14, 1918* *J. F. Brooks*
 Registrar

19 PLACE OF BURIAL OR REMOVAL *Dunklin Cemetery* DATE OF BURIAL *Dec 14, 1918*
 20 UNDERTAKER *Jas. Th. Lewis* ADDRESS *Dunklin Mo.*

Tuberculosis
Carcinoma
origin; "C
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Chronic
nephritis,
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29 ds.;
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[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, Compositor, Architect, Locomotive*

ates Standard Certificate of Death

[Adopted by the American Public Health Association.]

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Manager, Dealer, etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care 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: *Farmer (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 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.)