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

1 PLACE OF DEATH
County: Madison
Township or Village or City: St. Michael
(NO. ..... St. ..... Ward)

Registration District No. 538 — File No. 25501
Primary Registration District No. 5723 — Registered No. 76

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

2 FULL NAME: Henry J. Belkin

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH: April (Month) 24 (Day) 1867 (Year)

7 AGE: 52 yrs. 3 mos. 17 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): —

9 BIRTHPLACE (City or town, State or foreign country): Madison Co Mo.

PARENTS
10 NAME OF FATHER: Henry Belkin
11 BIRTHPLACE OF FATHER (City or town, State or foreign country): Germany
12 MAIDEN NAME OF MOTHER: Elizabeth Smith
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country): Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Jasper Belkin
(Address): Fredericktown Mo.

15 Filed: Sept 8, 1919 — Wm R. Nelms, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Aug (Month) 11 (Day), 1919 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Did not see party, 191..., ~~that I last saw him~~ alive on ..... 191..., and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows: Accidental death. Inflicted by falling from wagon & fracturing skull

(Duration) ..... yrs. ..... mos. ..... ds.

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

(Signed) H H Barron M. D.
Aug 11, 1919 (Address) Mine La Motte 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: Calvary cemetery — DATE OF BURIAL: Aug 12, 1919

20 UNDERTAKER: Ed. H. Webb — ADDRESS: Fredericktown Mo.

Revised United States Standard Certificate of Death

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

Statement of occupaion.—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 *Plantar, Physician, Compositor, Architect, Locomotive* ...er, *Civil engineer, Stationary fireman*, etc. But ...ny cases, especially in industrial employments, ...ecessary to know (*a*) the kind of work and also ... nature of the business or industry, and there... ...n additional line is provided for the latter ...ent; it should be used only when needed. ...mples: (*a*) *Spinner*, (*b*) *Cotton mill;* (*a*) *Sales-* ...*b*) *Grocery;* (*a*) *Foreman*, (*b*) *Automobile factory.* ...aterial worked on may form part of the second ...ent. Never return "Laborer," "Foreman," ...ger," "Dealer," etc., without more precise ...cation, as *Day laborer, Farm laborer, Laborer—* ...*line*, etc. Women at home, who are engaged ...duties of the household only (not paid *House-* ... who receive a definite salary), may be entered ...*sewife, Housework*, or *At home*, and children, ...infully employed, as *At school* or *At home.* ...hould 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, 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, peritonaeum*, 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 *septichaemia*," "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.)