

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Harrison  
Township Grant Registration District No. 341 File No. 31495-a  
or  
Village Ridgeway MO Primary Registration District No. 4204 Registered No. 10  
or  
City Ridgeway MO (No.          St.          Ward         )  
2 FULL NAME Donald Marion Travis (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE white 5 SINGLE single MARRIED WIDOWED OR DIVORCED (Write the word)  
6 DATE OF BIRTH April 3 1914  
(Month) (Day) (Year)  
7 AGE 6 yrs. 6 mos. 25 ds. If LESS than 1 day, hrs. or min.?

16 DATE OF DEATH Oct. 28 1920  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, that I attended deceased from Oct 23<sup>rd</sup> 1920 to Oct 28 1920, that I last saw him alive on Oct 28<sup>th</sup> 1920, and that death occurred, on the date stated above, at 9 P. m.

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

The CAUSE OF DEATH\* was as follows:  
Broncho Pneumonia  
1920  
(Duration) 6 yrs.          mos.          ds.

9 BIRTHPLACE (City or town, State or foreign country) Ridgeway MO

CONTRIBUTORY (Secondary) (Duration)          yrs.          mos.          ds.  
(Signed) E. L. Deighton M. D.  
Oct 30 1920 (Address) Ridgeway MO

PARENTS  
10 NAME OF FATHER Ed Travis  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Bethany MO  
12 MAIDEN NAME OF MOTHER Annette Frink  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lamoni Iowa

\*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) Louis Travis  
(Address) Des Moines Iowa

19 PLACE OF BURIAL OR REMOVAL Herklot Chapel DATE OF BURIAL Oct 30 1920  
20 UNDERTAKER A. P. Royer ADDRESS Ridgeway MO

15 Filed Oct 30 1920 A. C. Brewer Registrar

CAUSE OF DEATH in plain text, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# 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, 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 (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "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, 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 "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.)