

N. B.—Every item of information should be carefully supplied. After signing no statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

35847a

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

35847-a  
35840 D

1 PLACE OF DEATH  
County Seath  
Township Commerce  
Village Commerce  
City (NO. ....) St. .... Ward .....

Registration District No. 817 File No. 15  
Primary Registration District No. 4493 Registered No. 15

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

2 FULL NAME Adolph Lane

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE Negro 5 SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)  
6 DATE OF BIRTH No Information  
(Month) (Day) (Year)  
7 AGE 74 If LESS than 1 day.....hrs. or.....min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work Laborer 30  
(b) General nature of industry business or establishment in which employed (or employer) None  
9 BIRTHPLACE (City or town, State or foreign country) Commerce Mo

16 DATE OF DEATH Nov- 7 20  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, that I saw attended deceased ~~from~~  
Nov- 19, 1920, to Nov- 19, 1920,  
that I last saw h..... alive on....., 1920,  
and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH\* was as follows:  
General Tuberculosis  
originating in testicle.  
No physician in attendance  
(Duration) 7 yrs. 7 mos. .... da.

PARENTS  
10 NAME OF FATHER Sim Lane  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Liptonville Tenn  
12 MAIDEN NAME OF MOTHER Cora Sewel  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) No Information

CONTRIBUTORY (Secondary) .....  
(Duration) 7 yrs. .... mos. .... da.  
(Signed) T. R. Frazer M. D.  
Nov 11 1920 (Address) Commerce Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Sim Lane  
(Address) Commerce Mo

\*State the Disease Causing Death, or, in death 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..... da.  
Where was disease contracted St Louis Mo  
if not at place of death?  
Former or usual residence was treated at Barnes Hospital  
for several months

15 Filed Nov-11-20 T. R. Frazer  
Registrar

19 PLACE OF BURIAL OR REMOVAL Commerce Mo DATE OF BURIAL Nov-8 1920  
20 UNDERTAKER R. B. Newchan ADDRESS Commerce

# 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 septicæmia*," "*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.)