

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.

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

3772

1 PLACE OF DEATH

County Holt
Township Minton
or Fortescue
Village Fortescue
or
City..... (NO..... St..... Ward)

Registration District No. 947 File No. 131 16
Primary Registration District No. 5572 Registered No. 518

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

2 FULL NAME Rodger Wilson Craig

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 <u>May 16 1919</u> (Month) (Day) (Year)		
7 AGE <u>1 yrs. 8 mos. 26 ds.</u>		If LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry business or establishment in which employed (or employer) <u>#</u>		
9 BIRTHPLACE (City or town, State or foreign country) <u>Napier Mo.</u>		
PARENTS	10 NAME OF FATHER <u>E.L.Craig</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Clearmont Mo.</u>	
	12 MAIDEN NAME OF MOTHER <u>Alice Wilson</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ganer City Mo.</u>	

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
February 12 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 20 1921 to February 12 1921 that I last saw him alive on February 12 1921 and that death occurred, on the date stated above, at 11:20 a.m.

The CAUSE OF DEATH* was as follows:
Mechanical Bronchitis (Inhalation of particles of peanuts)
1947 (Duration) 1 mos. 19 ds.

CONTRIBUTORY (Secondary) None
(Duration) yrs. mos. ds.

(Signed) J. L. Cox M. D.
Feb 12 1921 (Address) Fortescue 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. 1 ds. In the 1 yrs. 8 mos. 26 ds.
Where was disease contracted if not at place of death? Napier Mo.
Former or usual residence Napier Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B.W. Craig
(Address) Fortescue Mo.

15 Filed 2/12 21 J. L. Cox Registrar

19 PLACE OF BURIAL OR REMOVAL Boyd Cemetery DATE OF BURIAL 2-13 1921

20 UNDERTAKER Crawford & Petty John ADDRESS Mound City Mo.

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 primary affection and causation), using always the same term for the same disease. Examples: (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 origin; "Cancer" is less definite; avoid use for malignant neoplasms); *Measles; Whoop Chronic valvular heart disease; Chronic nephritis*, etc. The contributory (secondary) 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 "Asthemia," "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)

WAS THERE AN AUTOGRAPH OF THE DECEASED?
WHAT TEST CONFIRMS IT?
(Signed).....
19 (Ad.)