

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

14335

1. PLACE OF DEATH

County Louisa Registration District No. 104 File No. _____
 Township Madison Precinct Registration District No. 3008 Registered No. 97
 City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. Fulton Ward. 2nd
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred, 1 yrs. — mos. — da. How long in U.S., if of foreign birth? 1 yrs. — mos. — da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 0 — — —

8. OCCUPATION OF DECEASED.

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Farmer
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Scott Run
 (STATE OR COUNTRY) 1

PARENTS

10. NAME OF FATHER Scott Run

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Scott Run
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Scott Run

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scott Run
 (STATE OR COUNTRY)

14. INFORMANT Hopkins R. R. R. Co. Fulton Mo
 (Address)

15. James H. Williams
 — FILED June 11, 1921 REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1921

17. I HEREBY CERTIFY, That I attended deceased from 26 June 11, 1921 to June 11, 1921 that I last saw him alive on June 10, 1921 and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

31 (duration) 1 yrs. — mos. — da.

CONTRIBUTORY Stroke (SECONDARY) (duration) 1 yrs. — mos. — da.

18. WHERE WAS DISEASE CONTRACTED Scott Run
 IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Micro
 (Signed) D. H. Gandy M. D.
 19 (Address) Fulton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fulton Mo DATE OF BURIAL 6/13 1921

20. UNDERTAKER Wagners Brothers ADDRESS Fulton Mo

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.

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*, *Compositor*, *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*, *Carcinoma*, *Sarcoma*, etc., of (name); "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 tercurrent) affection need not be stated unless pertinent. Example: *Measles* (disease causing death 29 ds.); *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Consciousness," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., where definite disease can be ascertained as the cause. Always qualify all diseases resulting from death by birth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause of death which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by way train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and its consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by the Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undecidable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificate will be returned for additional information which give an explanation of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will result in vast improvement, and its scope can be extended at a future date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.