720 / 595 Reg Dist 720 – 5951

ORIGINAL

30197

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS
STATE OF ~~IOWA~~ Missouri

1 PLACE OF DEATH
County Puttman State Mo Registered No. 13
Township Liberty or Village or
City No. St., Ward
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME Edwin D Terry

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 Single, Married, Widowed, or Divorced (write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July - 7 - 1921

7 AGE Years Months 4 Days 9 If less than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of Industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Mo Puttman Co
(State or country)

PARENTS

10 NAME OF FATHER Owal Terry

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Iowa App

12 MAIDEN NAME OF MOTHER Baughman

13 BIRTHPLACE OF MOTHER (city or town) Mo
(State or Country)

14 Informant Owal Terry
(Address) Mendota Mo

15 Filed Nov 17 1921 J. G. Baker Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Nov 16 1921

17 I HEREBY CERTIFY, That I attended deceased from 11/12 1921, to 11/15 1921, that I last saw him alive on 11/15 1921, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* was as follows:
Intestinal obstruction
12.2 B

(duration) yrs. mos. ds.

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

18 Where was disease contracted if not at place of death?
Did an operation precede death? no Date of
Was there an autopsy? no
What test confirmed diagnosis?
(Signed) C M Davis, M. D.
11/16, 1921 (Address) Centerville Iowa

*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 Mount Herman Cemetery
DATE OF BURIAL 17 1921

20 UNDERTAKER Uris Johnson
ADDRESS Exline Iowa

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. See instructions on back of certificate.

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 usefulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or on the first line will be sufficient, e. g., *Farmer, Painter, 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 business 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 it is necessary. As examples: (*a*) *Spinner,* (*b*) *Cotton mill; 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 specification, as *Day laborer, Farm laborer, Coal miner—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.* 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 an occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at the beginning of illness. If retired from business, that may be indicated thus: *Farmer (retired, 6 years).* For persons who have no occupation whatever write *None.*

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with reference to time and causation), using always the same and proper term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (the use of "Croup"); *Typhoid fever* (never report "Enteric"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of..... (name origin; "Tumor" 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," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "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.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.