WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 ST[illegible] F HEALTH
BUREAU [illegible] ISTICS
CERTI[illegible] DEATH

B

1 PLACE OF DEATH

County Knox

Township Fabius

or

Village

or

City (NO. St.; Ward)

Registration District No. 5605 441

Primary Registration District No. 5605 441

File No. 32843

Registered No.

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

2 FULL NAME M E McSorley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX f

4 COLOR OR RACE W

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M

6 DATE OF BIRTH 4 (Month) 9 (Day) 1847 (Year)

7 AGE 74 yrs. 8 mos. 4 ds.

If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Ohio

PARENTS

10 NAME OF FATHER James Angus

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio

12 MAIDEN NAME OF MOTHER Mary Clary

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernest Hall

(Address) Newark Mo

15

Filed Dec 13, 1921 J. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, that I attended deceased from Feb 6th, 1919, to Dec 12, 1921, that I last saw her alive on about Dec 12, 1920, and that death occurred, on the date stated above, at 2 A. m.

The CAUSE OF DEATH* was as follows:

Hemiplegia - (Left)

about 2 (Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Senile Debility

(Duration) yrs. mos. ds.

(Signed) J. [illegible] M. D.

Dec 12, 1921 (Address) Newark 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. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL , 191

20 UNDERTAKER Geo W Glover

ADDRESS Newark 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, 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 [illegible] *Housework*, or *At home*, and children, [illegible] ployed, as *At school* or *At home*. [illegible] taken to report specifically the occu- [illegible] is engaged in domestic service for [illegible] *t, Cook, Housemaid*, etc. If the [illegible] been changed or given up on account [illegible] AUSING DEATH, state occupation at [illegible] ess. If retired from business, that [illegible] cated thus: *Farmer (retired, 6 yrs.)* [illegible] o have no occupation whatever,

[illegible] **of cause of death.**—Name, first, [illegible] SING DEATH (the primary affection [illegible] me and causation), using always the [illegible] rm for the same disease. Examples: [illegible] *ever* (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 ..... (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 *septichaemia*," "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.)