

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

7406

1. PLACE OF DEATH

County Wright Registration District No. 1122 File No. _____
 Township Clark Primary Registration District No. 6226 Registered No. 3
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Wm R. Hark
 (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 Male 4. COLOR OR RACE white 5. ~~Single, Married, Widowed or~~
~~Divorced~~ (write the word) Ann Eliza Hart

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF (OR) WIFE OF Ann Eliza Hart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 18, 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 1 2

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) McMinn Co. Tenn

10. NAME OF FATHER Mitchel Hart

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

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 11

14. INFORMANT Wm R. Hark
 (Address) Norwood Mo.

15. FILED 2/25 1922 T B Boul din
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 20 1922

17. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____
 (that I last saw h. _____ alive on _____ 19____ and that death occurred, on the date stated above, at _____ 9:30 P.M.)

THE CAUSE OF DEATH WAS AS FOLLOWS:
Spontaneous Isthm
 (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? N DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) [Signature] M. D. _____, 19 ____ (Address) [Address]

*State the DISEASE CAUSING DEATH, or in death 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 DATE OF BURIAL
Thomas Cemetery 2/22 1922

20. UNDERTAKER ADDRESS
Mrs. T B Boul din Norwood

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*, *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: *Farmington (Ired, 6 yrs.)* For persons who have no occupation, write *None*.

Statement of Cause of Death.—a. first, the DISEASE CAUSING DEATH (the principal always the with respect to time and causation), b. Examples: same accepted term for the same disease synonym is *Cerebrospinal fever* (the only definite); *Diphtheria* "Epidemic cerebrospinal meningitis" (never report (avoid use of "Croup")); *Typhoid*

"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 neoplasma); *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 operation which surgical operation was undertaken (State) VIOLENT DEATHS state MEANS OF INJURY and as ACCIDENTAL, SUICIDAL, OF HOMICIDE probably such, if impossible to determine definite Examples: *Accidental drowning, struck by way train—accident*; *Wound of head—homicide*; *Poisoned by urtic acid—probably suicide*. The nature of injury, as fracture of skull, and consequent (e. g., *sepsis, tetanus*), may be stated under head of "Contributory." (Recommendation statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable 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 any 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 work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

Place the I
(1) MEANS AND
HOMICIDAL (See