

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

1. PLACE OF DEATH  
 County Adairson Registration District No. 19 File No. 7454<sup>a</sup>  
 Township Roll Primary Registration District No. 5026 Registered No. \_\_\_\_\_  
 City Roll (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Richards  
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife 3-1837

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
84 4 18

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)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wagon to Ohio  
 (STATE OR COUNTRY)

10. NAME OF FATHER Solomon Richards

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Malinda McEntire (Address) Mon 21 19  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Pa

14. INFORMANT Wm Richards  
 (Address) Roll Port mo

15. FILED Apr 20 1922 Mary J. Charvat REGISTRAR  
1041

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 21 1922

17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1922 to Mar 21, 1922 that I last saw him alive on Mar 21, 1922 and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Uremia  
 13' 132'  
 (duration) yrs. mos. da. 7  
 CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis about  
 (duration) yrs. mos. da. 2

18. WHERE WAS DISEASE CONTRACTED at home  
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF none  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
 (Signed) E. E. Richards, M. D.  
 (Address) Hawking Lane

\*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 London DATE OF BURIAL 3/24 1922  
 ADDRESS Roll Port mo

20. UNDERTAKER E. W. Huntz

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.

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

# Revised United States Standard Certificate of Death

its can be known. The every person, irrespec- tions a single word or ficient, e. g.; *Farmer* or *Doctor, Architect, Locomo- Stationary Fireman, etc.*

Census and American-Public Health Association.]

Occupation.—Precise statement of y in industrial employ- w (a) the kind of work he business or industry, line is provided for the many occupations a single word or s used only when needed. e will be sufficient, e. g., *Farmer* or b) *Cotton mill, (a) Sales- Compositor, Architect, Locomo- man, (b) Automobile fac-*

es, especially in industrial employ- ments, 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) Sales- man, (b) Grocery; (a) Foreman, (b) Automobile fac- tory.* The material worked on may form part of the second statement. Never return "Laborer," "Fore- man," "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 occupa- tion at beginning of illness. If retired from busi- ness, that fact may be indicated thus: *Farmer (re- tired, 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; Broncho- pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of . . . . .* (name orig- in; "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 inter- current) affection need not be stated unless im- portant. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditio- such as "Asthenia," "Anemia" (merely sympto- atic), "Atrophy," "Collapse," "Coma," "Conv- sions," "Debility" ("Congenital," "Senile," et- "Dropsy," "Exhaustion," "Heart failure," "He- orrhage," "Inanition," "Marasmus," "Old ag- "Shock," "Uremia," "Weakness," etc., when definite disease can be ascertained as the cau- Always qualify all diseases resulting from ch- birth or miscarriage, as "PUERPERAL septicem- "PUERPERAL peritonitis," etc. State cause- which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and qua- AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL, OR probably such, if impossible to determine definit- Examples: *Accidental drowning; struck by r- way train—accident; Revolver wound of he- 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." (Recommend- on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

Note.—Individual offices may add to above list of undesi- rable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates 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, hemor- rhage, 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.

be taken to report specifically persons engaged in domestic service, such as *Servant, Cook, Housemaid, etc.*