

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.

25515<sup>a</sup>

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

1 PLACE OF DEATH

County Adair  
Township Polk  
or  
Village Greentop  
or  
City (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 804 File No. ~~27870~~<sup>a</sup>  
Primary Registration District No. 57003 Registered No. \_\_\_\_\_

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

2 FULL NAME Jacob W. Scott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED married  
WIDOWED OF, DIVORCED (Write the word)

6 DATE OF BIRTH Oct 18 1860  
(Month) (Day) (Year)

7 AGE 60 yrs. 11 mos. 11 ds. If LESS than 1 day, ....hrs. or ....min.?

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

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

PARENTS  
10 NAME OF FATHER Andrew Scott  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Iowa  
12 MAIDEN NAME OF MOTHER Mary J. Scott  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Martin Scott  
(Address) Greentop Mo

15 Filed Nov 1 1922 Op Pennington Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 30 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 30 1922 to Sept 30 1922, that I last saw him alive on Sept 30 1922 and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH\* as follows:  
Apoplexy  
Death instantaneous  
Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_  
(Duration) yrs. mos. ds.  
(Signed) H. N. L. Johnson M. D.  
Oct 1 1922 (Address) Greentop 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 New Harmony DATE OF BURIAL Oct 1 1922

20 UNDERTAKER H. Polking ADDRESS Greentop 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 business of various pursuits can be known. The same applies to each and every person, irrespective of sex or many occupations a single word or term on the first line will be sufficient; e. g., *Farmer or Physician, Composer, Architect, Locomotive Engineer, Stationary fireman, etc.* But in some cases, especially in industrial employments, it is necessary to know (a) the kind of work and also the name of the business or industry, and therefore a second line is provided for the latter purpose. This should be used only when needed. Examples: (a) *Spinner, (b) Cotton mill; (a) Salesman, (b) Automobile factory.* Occupations worked on may form part of the second line, but never return "Laborer," "Foreman," "Dealer," etc., without more precise designation, as *Day laborer, Farm laborer, Laborer—*

**MEMBERS.** Women at home, who are engaged in the household only (not paid Housework, or At home, and children, receive a definite salary), may be entered as *wife, Housework, or At home, and children, Painfully 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; pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, Carcinoma, Sarcoma, etc., of* ..... (no 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 septicaemia," "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.)