

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 STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

30663

1 PLACE OF DEATH

County Boone  
Township Bushon or  
Village or  
City (NO. 79 St. 23 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

John Aschay Ray

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH June 20 1848  
(Month) (Day) (Year)

7 AGE 74 yrs 4 mos 15 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) Pa

PARENTS  
10 NAME OF FATHER George Kay  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Pa  
12 MAIDEN NAME OF MOTHER Hannah Hester  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pa

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Arthur King  
(Address) Centralia Mo

15 Filed 11/6 1922 E. N. Gustony Registrar

1 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 4 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 23 1922 to Nov. 4 1922 that I last saw him alive on Nov. 4 1922 and that death occurred, on the date stated above, at 6:35 a.m.

The CAUSE OF DEATH\* was as follows:  
Chronic Endocarditis

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) 2 yrs. mos. ds.

(Signed) C. O. Palmer M. D.  
Nov 4 1922 (Address) Centralia Mo.

\*State the Disease Causing Death, or, in death 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 Public Bur DATE OF BURIAL Nov 6th 1922

20 UNDERTAKER M. S. Bush ADDRESS Centralia 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, 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: *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; 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 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), *10ropsy*, or report mere symptoms or terminal condition, "In- is  
"Asthenia," "Anaemia" (merely symptomatic), "Ure-  
"Collapse," "Coma," "Convulsions," "Debilise can-  
genital," "Senile," etc.), "Dropsy," "Exhaustion of all  
failure," "Haemorrhage," "Inanition," "Marasmo, as  
age," "Shock," "Uraemia," "Weakness," etinitia,"  
definite disease can be ascertained as the cause was  
qualify all diseases resulting from childbirings or  
carriage, as "PUERPERAL septicemia," "HL, or  
peritonitis," etc. State cause for which surgery to de-  
was undertaken. For VIOLENT DEATHS state *drown-*  
INJURY and qualify as ACCIDENTAL, *suicide wound*  
CIDAL, or, as probably such, if impossible—prob-  
definitely. Examples: *Accidental drowning, fracture*  
*railway train—accident; Revolver wound of h, tetanus*,  
*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 "Con-  
tributory." (Recommendations on statement of cause of  
death approved by Committee on Nomenclature of the  
American Medical Association.)