

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.

WEST VIRGINIA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

30934

1 PLACE OF DEATH  
County Putnam  
Township Union  
Village  
City

Registration District No. 715  
Primary Registration District No. 5-947

File No.  
Registered No. 52  
St. Ward

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

2 FULL NAME Stillborn

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH October 6, 1923  
(Month) (Day) (Year)

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

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

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

PARENTS  
10 NAME OF FATHER Fred Triplett  
11 BIRTHPLACE OF FATHER Sullivan Co. Mo  
12 MAIDEN NAME OF MOTHER Louisa Nichols  
13 BIRTHPLACE OF MOTHER Putnam Co. Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Fred Triplett  
(Address) Unionville Mo

15 Filed Oct 7, 1923 J. H. Halman Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 6, 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from birth to his death, to 191... that I last saw him alive on 191... and that death occurred, on the date stated above, at 8:15 a.m.

The CAUSE OF DEATH\* was as follows:  
Premature birth  
157 161 a  
(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)  
(Duration) yrs. mos. ds.  
(Signed) J. H. Halman M.D.  
10/7/1923 (Address) Unionville, 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 Summers Cemetery DATE OF BURIAL 10-7-1923  
20 UNDERTAKER D. W. Comstock ADDRESS Unionville 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 codes to each and every person, irrespective of sex, for many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer or Agriculturist, Mechanic, Artist, Musician, Doctor, Lawyer, Journalist, Compositor, Architect, Locomotive engineer, Stationary fireman*, etc. But in cases, especially in industrial employments, where it is necessary to know (a) the kind of work and also of the business or industry, and therefore a second line is provided for the latter which should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. If the decedent worked on may form part of the second line. Never return "Laborer," "Foreman," "Dealer," etc., without more precise description, as *Day laborer, Farm laborer, Laborer—unemployed*, etc. Women at home, who are engaged in the household only (not paid *Housewife*), receive a definite salary), may be entered as *Housework*, or *At home*, and children, when employed, as *At school* or *At home*. It is to be taken to report specifically the occupations engaged in domestic service for *Wife, Maid, Cook, Housemaid*, etc. If the decedent has been changed or given up on account of illness, state occupation at the time of illness. If retired from business, that should be indicated thus: *Farmer (retired, 8 yrs.)* who have no occupation whatever

**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, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name of organ); "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.)