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

6875

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 85 — File No.: 310

Township: — Primary Registration District No.: 1001 — Registered No.:

City: St. Joseph, (No. 2842 Angelique St. Ward)

2. FULL NAME Emery Wesley Benjamin

(a) Residence. No. 2842 Angelique St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Alice Viola Benjamin,

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 18, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	72	9	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Romeo,
(STATE OR COUNTRY): Michigan,

PARENTS

10. NAME OF FATHER: James Benjamin,

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown,
(STATE OR COUNTRY): Unknown,

12. MAIDEN NAME OF MOTHER: Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown,
(STATE OR COUNTRY): Unknown,

14. INFORMANT: F. A. Benjamin
(Address): 2842 Angelique Street.

15. FILED: 19 Ena Harrison, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 10 - 1924

17. I HEREBY CERTIFY, That I attended deceased from Dec. 5th, 1923, to March 10th, 1924, that I last saw him alive on March 10, 1924, and that death occurred, on the date stated above, at 4:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

131
158

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Erysipelas

(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 21

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Walter J. Hansen, M.D.

3/12, 1924 (Address) 1802 Jule St.

*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	DATE OF BURIAL
Ashland Cemetery	March 12, 1924

20. UNDERTAKER	ADDRESS
Heaton Begole Und. Co. by J.H. Karle	319 S. 10th. St

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, Compositor, 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 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," "Convul-
sions," "Debility" ("Congenital," "Sen
"Dropsy," "Exhaustion," "Heart failur
orrhage," "Inanition," "Marasmus,". "
"Shock," "Uremia," "Weakness," etc.
definite disease can be ascertained as
Always qualify all diseases resulting f
birth or miscarriage, as "PUERPERAL s
"PUERPERAL *peritonitis*," etc. State
which surgical operation was underto
VIOLENT DEATHS state MEANS OF INJURY
as ACCIDENTAL, SUICIDAL, or HOMICID
probably such, if impossible to determine
Examples: *Accidental drowning; struc
way train—accident; Revolver wound
homicide; Poisoned by carbolic acid—proba*
The nature of the injury, as fracture of
consequences (e. g., *sepsis, tetanus*), may
under the head of "Contributory." (Re
tions on statement of cause of death ap
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: "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, 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.