

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

Do not use this space.

19661<sup>a</sup>

1. PLACE OF DEATH

County Atchison  
Township Clark  
City Fairfax, Mo. (No. \_\_\_\_\_)

Registration District No. 17  
Primary Registration District No. 40.11

File No. 20  
Registered No. 356  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

Unnamed Infant of Mr & Mrs Russell E. Maddox

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27-1924  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Fairfax Mo.

10. NAME OF FATHER

Russell E. Maddox

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Atchison, Mo.

12. MAIDEN NAME OF MOTHER

Verna Wake

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Howell, Mo.

14. INFORMANT (Address)

Russell E. Maddox  
Fairfax, Mo.

15. FILED

Nov 29 1924

J. D. Fleming  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 27 1924

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Shig Bacteria  
Dysentery  
159 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) C. W. H. H. H. M. D.

11-29 1924 (Address) Fairfax, Mo.

\*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

Pleasant Ridge Cemetery July 29 1924

20. UNDERTAKER

ADDRESS

H. A. Schooner Fairfax, 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 ("F  
*Tuberculosis* (  
*Carcinoma, Si*  
*gin; "Cancer"*  
for malignant  
*Chronic valvu*  
*nephritis, etc.*  
tercurrent) aff  
portant. Exam  
29 ds.; *Bronch*  
report mere sy  
as "Asthenia,  
"Atrophy," "Collapse," "Coma," "Convulsions,"  
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"  
"Exhaustion," "Heart failure," "Hemorrhage," "In-  
anition," "Marasmus," "Old age," "Shock," "Ure-  
mia," "Weakness," etc., when a definite disease can  
be ascertained as the cause. Always qualify all  
diseases resulting from childbirth or miscarriage, as  
"PUERPERAL septicemia," "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 de-  
termine definitely. Examples: *Accidental drown-*  
*ing; struck by railway train—accident; Revolver wound*  
*of head—homicide; Poisoned by carbolic acid—prob-*  
*ably 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.)

**NOTE.**—Individual offices may add to above list of undesir-  
able 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.