

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. See instructions on back of certificate.

1 PLACE OF DEATH.

STATE OF ~~KANSAS~~ MISSOURI

County Fernon  
Township Harrison  
City Bronough No.         

STATE BOARD OF HEALTH—DIVISION OF VITAL STATISTICS.

Reg. Dist. 869  
Primary Reg. Dist. 4528 street         

14054

STANDARD CERTIFICATE OF DEATH.

Registered ward. No. 7

2 Full Name. Walter Robb Jones

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

PERSONAL AND STATISTICAL PARTICULARS.

MEDICAL CERTIFICATE OF DEATH.

3 Sex. Male 4 Color or Race. White 5 Single, Married, Widowed, or Divorced. Widower  
(Write the word.)

16 Date of Death. April 14 1925  
(Month) (Day) (Year)

6 Date of Birth. July 25 1841  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 3 1925, to April 14 1925 that I last saw him alive on April 12 1925 and that death occurred on the date stated above, at 3:30 P.M.

7 Age. 89 yrs. 1 mos. 19 ds. If LESS than 1 day, ..... hrs. or ..... min.

The CAUSE OF DEATH\* was as follows:  
Cerebral Haemorrhage

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

(Duration) yrs. mos. ds. 12

9 Birthplace. (State or country). Va

Contributory (Secondary). Senility  
(Duration) yrs. mos. ds.

10 Name of Father. Wason Jones

(Signed) F. B. Garland M. D.  
4-14 1925 (Address) Garland Mo

11 Birthplace of Father. (State or country). Va

12 Maiden name of Mother. Don't know

13 Birthplace of Mother. (State or country). Don't know

\* State the Disease Causing Death, or in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

14 The above is true to the best of my knowledge.

18 Length of Residence (for hospitals, institutions, transients, or recent residents).  
At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.

(Informant) Miss May Jones  
(Address) Bronough Mo

Where was disease contracted, if not at place of death?  
Former or usual residence

15 Filed Apr 15 1925 Maggie Dorris Registrar.

19 Place of Burial or Removal. Worsley Cemetery Date of Burial April 28

20 Undertaker. W. D. Kousky Address. Steede

## Revised United States Standard Certificate of Death.

[Approved by United States 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, peritonæum, 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), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septichæmia," "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.)