

1 PLACE OF DEATH *Polk Co.*
 County *Polk* State *MO* Registered No. *15*
 Township *Lehigh* or Village _____
 City _____ No. _____ St. _____ Ward _____
 (If death occurred at a hospital or institution, give its name instead of street and number)
 2 FULL NAME *Chas. J. Allen*
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*
 4 COLOR OR RACE *White*
 5 Single, Married, Widowed, or Divorced (write the word) *Married*
 5a If married, widowed, or divorced HUSBAND of *Robert Allen*
 6 DATE OF BIRTH (month, day, and year) *May 29 1853*
 7 AGE Years *71* Months *11* Days *23*
 If less than 1 day, hrs. or min.
 8 OCCUPATION OF DECEASED *Farmer*
 (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) *Iles*
 (State or country)
 10 NAME OF FATHER *Thomas Allen*
 11 BIRTHPLACE OF FATHER (city or town) _____
 (State or country)
 12 MAIDEN NAME OF MOTHER *Mary Bauer*
 13 BIRTHPLACE OF MOTHER (city or town) _____
 (State or Country)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) *May 22 1922*
 17 I HEREBY CERTIFY, That I attended deceased from *May 19 1922* to *May 22 1922*
 that I last saw him alive on *May 20 1922* and that death occurred, on the date stated above, at *11:00 a.m.*
 THE CAUSE OF DEATH* was as follows:
acute nephritis
130 / 28
 (duration) yrs. mos. ds. *12*
 CONTRIBUTORY *Chronic Nephritis*
 (Secondary) (duration) yrs. mos. ds. *20 3 25*
 18 Where was disease contracted *at place of death*
 if not at place of death? _____
 Did an operation precede death? *no* Date of _____
 Was there an autopsy? *no*
 What test confirmed diagnosis? *urinal*
 (Signed) *P. J. ...* M. D.
 (Address) *Costa...*
 *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.)

14 Informant *Emily Allen*
 (Address) *Morgan*
 15 Filed *July 6 1922* *J. S. Baker* Registrar
 19 PLACE OF BURIAL, CREMATION OR REMOVAL *Union Cemetery* DATE OF BURIAL *May 23 1922*
 20 UNDERTAKER *J. L. Bassett* ADDRESS *Morgan*

be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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; (d) 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), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaus-

tion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septi-cemia," "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 carboic 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.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.

Handwritten notes and signatures in the additional space for further statements by physician.