

JUN 25 1926
 Exact statement of OCCUPATION is
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY in plain terms, so that it may be properly classified. See instructions on back of certificate.

COMMONWEALTH OF KENTUCKY
 State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 16948
 Registered No. 63

PLACE OF DEATH
 County Mesa (Mo)
 Vol. Pct. Missouri
 Inc. Town Jaywaddy
 City (No. _____ St. _____ Ward _____)

Registration District No. 566
 Primary Registration District No. 5762

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

2. FULL NAME Harvey Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
 4 COLOR OR RACE white
 5 Single w
 Married
 Widowed
 or Divorced
 (Write the word)
 6 DATE OF BIRTH Dec 24 1925
 (Month) (Day) (Year)
 7 AGE 4 mos. 13 ds.
 IF LESS than 1 day _____ hrs. or _____ min.
 8 OCCUPATION
 (a) Trade, profession or particular kind of work at home
 (b) General nature of industry, business or establishment in which employed (or employer) _____
 9 BIRTHPLACE (State or country) Mo

PARENTS
 10 NAME OF FATHER Bennett Smith
 11 BIRTHPLACE OF FATHER (State or country) Ohio
 12 MARDEN NAME OF MOTHER Mary McKeuder
 13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Bennett Smith
 (Address) Richman Ky

15 Filed May 20 1926 J. S. Vernon Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 7 1926
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from April 26 1926 to May 6 1926, that I last saw him live on May 3 1926, and that death occurred on the date stated above at 7 P.M.
 The CAUSE OF DEATH* was as follows:

Influenza 11 B
 (Duration) _____ yrs. _____ mos. 15 ds.
 Contributory none
 Secondary _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. S. Baker, M. D.
5-8 1926 Address Richman Ky

*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 _____ In the
 of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted, _____
 if not at place of death? _____
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL City Cemetery DATE OF BURIAL 5/8 1926
 20 UNDERTAKER Bennett Stokes ADDRESS Richman

Ky

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 8 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), *29ds.*; *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," "Hemorrhage," "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."

NOTE—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, pyaemia, septicaemia, tetanus.