

V. S. No. 4—Original
 N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

CERTIFICATE OF DEATH

DEPARTMENT OF VITAL STATISTICS
STATE OF IOWA

19049 9

1 PLACE OF DEATH
 County Nodaway State Mo. Registered No. 9
 Township Hopkins or Village _____
 City Hopkins No. 624 St. _____ Ward _____
 (If death occurred in a hospital or institution give its name instead of street and number) 4375

2 FULL NAME: Frank Stoops
 (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 2 yrs. 6 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 _____ Lizzie Stoops
 (or) WIFE of _____
6 DATE OF BIRTH (month, day, and year) Jan. 23-1883
7 AGE Years Months Days If less than 1 day, . . . hrs. or . . . min.
44 5 0 _____ _____
8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Blacksmith
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
9 BIRTHPLACE (city or town) Page Co.
 (State or country) Ia.

10 NAME OF FATHER James R. Stoops
11 BIRTHPLACE OF FATHER (city or town) _____
 (State or country) Putman Co., Ind.
12 MAIDEN NAME OF MOTHER Isabell Wright
13 BIRTHPLACE OF MOTHER (city or town) _____
 (State or Country) Ia.

14 Informant William Stoops
 (Address) Gravity, Ia.
15 Filed 6/25 1927 W. J. Taylor
 _____, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1927
17 I HEREBY CERTIFY, That I attended deceased from May 14, 1927 to June 23, 1927
 that I last saw him alive on June 23, 1927
 and that death occurred, on the date stated above, at 11 A. M.
 THE CAUSE OF DEATH* was as follows:
Chronic valvular heart disease
9. Aneurysm
 (duration) 10 yrs. 10 mos. ds.
CONTRIBUTORY (Secondary)
 _____ (duration) 10 yrs. 10 mos. ds.
18 Where was disease contracted
 if not at place of death?
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? No
 What test confirmed diagnosis? Clinical diagnosis
 (Signed) H. S. Swatwell, M. D.
6/25, 1927 (Address) Hopkins 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 Hopkins cem - Hopkins, Mo. **DATE OF BURIAL** June 25 1927
20 UNDERTAKER a. J. Stithem 2658 **ADDRESS** Burlford Iowa

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 statement applies to each and every person, irrespective of age. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer, Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman.* But in many cases, especially in industrial elements, it is necessary to know (a) the kind of occupation 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 necessary. As examples: (a) *Spinner, (b) Cotton mill; (c) Grocer, (d) Groceries; (e) Foreman, (f) Automobile factory.* The material worked on may form the second statement. Never return "Laborer," "Man," "Manager," "Dealer," etc., without more specific specification, as *Day laborer, Farm laborer, Miner, Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid as *Keepers* who receive a definite salary), may be reported as *Housewife, Housework, or At home.* Children, not gainfully employed, as *At school or Home.* Care should be taken to report specifically the occupations of persons engaged in domestic service, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation during the beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 years).* For persons who have no occupation whatsoever, 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 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 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.)

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.