

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.

UG

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20957

1 PLACE OF DEATH  
County 22 1927 Chouteau  
Township Des Moines  
Village  
City (NO. St. Ward)

Registration District No. 193  
Primary Registration District No. 5270

File No.  
Registered No.

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

2 FULL NAME James Wm Ford

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE Single  
MARRIED WIDOWED OR DIVORCED (Write the word)  
6 DATE OF BIRTH Aug 10 1912  
(Month) (Day) (Year)  
7 AGE 14 yrs. 10 mos. 23 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE  
(City or town, State or foreign country) Memphis Mo

PARENTS  
10 NAME OF FATHER A M Ford  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ind  
12 MAIDEN NAME OF MOTHER Betty McKnight  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs James Peterson  
Lorain Mo  
(Address)

15 Filed 8-16 1927 W F Kueck  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 6 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from  
....., 191....., to....., 191.....  
that I last saw h..... alive on....., 191.....  
and that death occurred, on the date stated above, at..... m.

The CAUSE OF DEATH\* was as follows:  
Drowned 183  
Cause unknown  
Body found in River  
Duration..... yrs..... mos..... ds.

CONTRIBUTORY (Secondary) 183  
Duration..... yrs..... mos..... ds.  
(Signed) P. G. Callahan, Coroner M. D.  
7-6-1927 (Address) Way Mo

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

19 PLACE OF BURIAL OR REMOVAL Sand Creek DATE OF BURIAL July 6 1927

20 UNDERTAKER W F Kueck ADDRESS Wayford

*Please Refer*  
*1917*

# 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, to know (a) the kind of work and also of the business or industry, and the second line is provided for the latter should be used only when needed: (1) *Spinner*, (2) *Cotton mill*; (a) *Salesman*; (a) *Foreman*, (b) *Automobile factory*. Worked on may form part of the second line. Never return "Laborer," "Foreman," "Dealer," etc., without more precise description: *Day laborer*; *Farm laborer*, *Laborer*—  
Women at home, who are engaged in the household only (not paid *Housewife* a definite salary), may be entered as *Housewife*, or *At home*, and children, employed, as *At school* or *At home*. 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*, *peritonaeum*, 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," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "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 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.)