

OCT 25 1927

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

26763

1 PLACE OF DEATH

 County Clark
 Township Lewis
 or
 Village
 or
 City Kahoka (NO. St.; Ward)

 Registration District No. 190 File No.
 Primary Registration District No. 417 Registered No. 47

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

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX male 4 COLOR OR RACE white 5 SINGLE
 MARRIED
 WIDWED
 OR DIVORCED
 (Write the word)
 6 DATE OF BIRTH Dec. 17, 1926
 (Month) (Day) (Year)
 7 AGE 8 mos. 25 ds. If LESS than
 1 day, hrs.
 or min.?

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

 9 BIRTHPLACE
 (City or town,
 State or foreign country) Wilkinson Iowa

 PARENTS
 10 NAME OF FATHER Scott Cline
 11 BIRTHPLACE OF FATHER
 (City or town, State or foreign country) Redley
 12 MAIDEN NAME OF MOTHER Blanchie Daise
 13 BIRTHPLACE OF MOTHER
 (City or town, State or foreign country) Revere Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) Helen Dawdall
 (Address) Memphis Mo.

 15 Filed 9/14 1927 Registrar [Signature]

2 MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH Sept 12, 1927
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, that I attended deceased from
Sept 6, 1927, to Sept 12, 1927,
 that I last saw him alive on Sept 6, 1927,
 and that death occurred, on the date stated above, at 9:05 A. M.

The CAUSE OF DEATH* was as follows:

meningitis
119B
158 113B
 (Duration) yrs. mos. ds.

 CONTRIBUTORY Her. Colitis
 (Secondary)

 (Signed) T. B. Dison M. D.
9/14, 1927 (Address) Revere Mo.

 *State the Disease Causing Death, or, in death 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 Revere Mo. DATE OF BURIAL Sept 13, 1927

 20 UNDERTAKER [Signature] ADDRESS Kahoka, Mo.

PAPER 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.

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, 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 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.)