

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. COBONERS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Has decedent ever served in military or naval service of U. S.?

PLACE OF DEATH New Madrid Registration 604
 County of Madison Dist. No. 604
 (Show on line below the name of place where death occurred; give either city (or Village) or Township (or Road District), not both.)
 Township, or Road District, or Village, or City, of New Madrid
 Street and Number, No. _____ St. _____ Ward, _____ Hospital _____

STATE OF MISSOURI
 Department of Public Health—Division of Vital Statistics
STANDARD CERTIFICATE OF DEATH
 Registered No. 591 (Consecutive No.)
 File no. 24552

2. FULL NAME James Knight (If death occurred in hospital or institution, give its name instead of street and number)
 2a. Residence. No. 3203 1/2 Poplar St St. _____ Ward, _____
 (Usual place of abode) (If non-resident give city or town and State)
 Length of residence in city or town where death occurred 3 years months days. How long in U. S., if of foreign birth? years months days

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)
 5a. If married, widowed or divorced HUSBAND of (or) WIFE of _____
 6. DATE OF BIRTH Jan 20 1871
 (Month) (Day) (Year)
 7. AGE Years Months Days IF LESS than 1 day _____ hrs. _____ min.
17 5 14
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Iron laborer
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer _____
 9. BIRTHPLACE (city or town) Wickliffe Ky
 (State or Country) _____

CORONER'S CERTIFICATE OF DEATH

16. DATE OF DEATH July 4 1928
 (Month) (Day) (Year)
 17. I HEREBY CERTIFY, That I took charge of the remains of the deceased herein described, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained find that said deceased came to death on the date stated above and (His or Her) that the CAUSE OF DEATH was as follows:
Drowning (Accidental)
183 / 182
 (Duration) _____ yrs. _____ mos. _____ ds.
 Contributory (Secondary) _____
 (Signed) E. Jones Coroner
 Address Lilbourn Mo
 By _____ Deputy Coroner
 Address _____
 Date July 9 1928 Telephone no 12

PARENTS

10. NAME OF FATHER Sid Knight
 11. BIRTHPLACE OF FATHER Logan Co. Kentucky
 (City or town) _____ (State or Country) _____
 12. MAIDEN NAME OF MOTHER Birdie Russell
 13. BIRTHPLACE OF MOTHER Wickliffe Ky
 (City or town) _____ (State or Country) _____

14. INFORMANT Birdie Knight
 Address New Madrid
 15. _____
 Address _____

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
 18. PLACE OF BURIAL OR RE-INTERMENT Records Ill
 19. DATE OF BURIAL 7/10/ 1928
 UNDERTAKER on Hill ADDRESS Lilbourn Mo

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

Approved by U. S. Bureau of the 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; Broncho pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma*, etc., of..... (name organ; "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," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsion," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inattention," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause of death 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.)

The following list of indefinite terms will not be accepted as cause of death unless explained

Abscess—Locate and describe.
 Accident—Nature of (Coroner)?
 Albuminuria—Disease causing?
 Angina—Was it scarlet fever or diphtheria?
 Ascites—Disease causing?
 Asphyxia—Accidental, suicidal—cause?
 Asthenia—State cause.
 Atrophy—Cause of—tuberculosis, syphilis?
 Auto {infection } Cause of?
 {intoxication }
 Bowel trouble—Name disease: diarrhoea, dysentery, enteritis, strangulation?
 Blood poisoning—State cause.
 Bottle feeding—What disease resulted?
 Breaking down—What disease?
 Cachexia—Cancer, syphilis, tuberculosis, malarial?
 Cardiac {Asthenia }
 {Debility } Not accepted
 {Failure }
 {Weakness }
 Collapse—From what?
 Cold—Not accepted.
 Childbirth—Physiological—what caused death?
 Cellulitis—Give location and cause.

Coma—Cause {alcoholic?
 {opium, etc.?
 Convulsions—Cause {epileptic—puerperal?
 {children, diarrhoea—
 {enteritis?
 Cramps—State cause of
 Cyanosis—Cause of.
 Decline—State cause of.
 Debility—From what disease?
 Delirium {alcoholic?
 {traumatic?
 Dentition—Disease causing death?
 Dropsy—Name disease causing.
 Dyspepsia—What organic disease?
 Eclampsia—State cause of convulsions.
 Emphysema—State cause.
 Exhaustion—State cause of.
 External violence—What kind of?
 Failure of vital powers—What disease?
 Feebleness—What disease?
 Gastritis—State cause of.
 Heart Failure—See cardiac.
 Hemorrhage—What part, and cause?
 Inanition—Cause of?
 Insolation (under 24 hours) (Coroner)?
 Jaundice—Disease causing?

Laparotomy—For what disease?
 Malnutrition—Cause of?
 Marasmus—What disease?
 Milk infection {diarrhoea?
 {enteritis?
 Miscarriage—State cause of.
 Nervous {exhaustion } State
 {fever } disease.
 {shock }
 Operation—State part, and disease?
 Old age—What disease?
 Peritonitis—Cause of?
 Pernicious anemia {malaria?
 {tuberculosis
 {syphilis, etc.
 Pyæmia—Cause of?
 Septicæmia—Cause of?
 Shock—From what?
 Surgical {operation } State disease.
 {shock }
 Syncope—State cause of
 Tetanus—State cause of
 Toxæmia—State cause of.
 Uræmia—Acute or chronic nephritis?
 Weakness—What disease?