

WRITE PLAINLY, WITH 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.

1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 34070

1 PLACE OF DEATH

County Lafayette Registration District No. 460 File No.
Township Madison or Primary Registration District No. 7620B Registered No. 18
Village or City (NO.) St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Augustus Steele

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Jan 27 1895
(Month) (Day) (Year)

7 AGE 33 yrs. 8 mos. 2 wks. If LESS than 1 day, hrs. or min.?

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

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

PARENTS
10 NAME OF FATHER William Dowden
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Saline Co Mo
12 MAIDEN NAME OF MOTHER Ida Barnes
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Callaway Co Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur Steele
(Address) Lafayette Co Mo

15 Filed Oct 22 1928 by B. Williamson Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 20 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 21 1928, to Oct 20 1928, that I last saw her alive on Oct 20 1928, and that death occurred, on the date stated above, at 4:10 A.M.

The CAUSE OF DEATH* was as follows:
136 Pernicious Anemia
all
160 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion
(Duration) yrs. mos. ds.
(Signed) J. H. Brown M. D.
8 191... (Address) Alma 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 Waverly Cemetery DATE OF BURIAL Oct 27 1928

20 UNDERTAKER Hoyer & Memerhagen ADDRESS Higginville Mo

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*, *Composer*, *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, peritoneum, Carcinoma, Sarcoma*, etc., of.....(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 tercurrent) 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," "Coma," "Coma," "Debility" ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., without definite disease can be ascertained as the cause. Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause of death which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY and QUALITY OF INJURY, as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, if probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *struck by way train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably self-suicide*. The nature of the injury, as fracture of skull or other consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by the Committee on Nomenclature of the American Medical Association.)