

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 impor

County Jackson
 Township Law or
 Village Kenosha or
 City Kenosha (No. 125 - Bellevue Ward)
 Registration District No. 200 File No. 1441-273
 Primary Registration District No. Registered No.
 FULL NAME William Scott
 If death occurred in a hospital or institution, give its NAME instead of street and number.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE Col. 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
 (Write the word)
 6 DATE OF BIRTH Sept 13, 1895
 (Month) (Day) (Year)
 7 AGE 35 yrs. 4 mos. 3 ds. IF LESS than 1 day, hrs. or min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work laborer
 (b) General nature of industry business, or establishment in which employed (or employer)
 9 BIRTHPLACE (City or town, State or foreign country) Waverly
 PARENTS
 10 NAME OF FATHER Edward Scott
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky
 12 MAIDEN NAME OF MOTHER Bessie Harris
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky
 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) William Scott
 (Address) 916 Oakland
 15 Filed 1/19 31 m. m. Crowe
 Registrar

16 DATE OF DEATH Jan 16 1931
 (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:
Cerebral Embolism
no (Respiratory)
 (Duration) yrs. mos. ds.
 CONTRIBUTORY Autopsy
 (Secondary) (Duration) yrs. mos. ds.
 (Signed) Deputy Coroner M. D.
 (Address) Deputy Coroner
 *Specify 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 916 Oakland
 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Westview Cemetery 1-20 1931
 UNDERTAKER ADDRESS
Arthur W. Nelson 1520 71.5th

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 *Teacher*, *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 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. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. 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—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, gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations of persons engaged in domestic service for others, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at the beginning of illness. If retired from business, that may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, *None*.

Statement of cause of death.—Name, first, of the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the accepted term for the same disease. Examples: *Spinal fever* (the only definite synonym is "epidemic cerebrospinal meningitis"); *Diphtheria* (in case 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 of 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," "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.)