

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instruction on back of certificate.

MISSOURI STATE BOARD OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Do Not Use This Space
25754

1. PLACE OF DEATH
County Howe Mo. REC'D AUG 22 1939
Township Benton Registration District No. 384
Inc. Town or City Moody Primary Registration District No. 535P File No. _____
(No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ days. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ days.

2. FULL NAME Not named
(a) Residence: No. _____ (Usual place of abode) St. _____ Ward _____ (If non-resident, give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) _____
6a. If married, widowed, or divorced, HUSBAND of _____ (or) WIFE of _____
6. DATE OF BIRTH 7 14 39
(Month) (Day) (Year)
7. AGE Still Born
Years _____ Months _____ Days _____ If LESS than 1 day _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years spent in this occupation) _____
12. BIRTHPLACE (city or town) (State or Country) Moody MO
13. NAME OF FATHER Theo Yeager
14. BIRTHPLACE OF FATHER (City or Town) (State or Country) MO
15. MAIDEN NAME OF MOTHER Virginia Crisp
16. BIRTHPLACE OF MOTHER (City or Town) (State or Country) MO
17. INFORMANT (Address) Theo Yeager Moody Mo
18. BURIAL, CREMATION OR REMOVAL Place Moody Mo Date 7-14-1939
19. Undertaker (Address) _____
20. Filed 7-14-1939 Vida W. Simons, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7-14-39
(Month, Day, Year)
22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____
I last saw _____ alive on _____ 19____; death is said to have occurred on the date stated above at _____ m.
The principal cause of death, and related causes of importance, were as follows:
Still Born Cause not known
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify City or Town, County, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature] M. D.
Address 344 Viola Ave

ARKANSAS STANDARD CERTIFICATE OF DEATH

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate term, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever, write *none*.

To be complete, an occupation return must state:

8. The trade, profession, or particular kind of work done.
9. The industry or business in which the work was done.
10. The month and year the deceased last worked at the occupation.
11. The number of years the deceased followed the occupation.

In stating the occupation avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of Cause of Death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

EXAMPLE I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of Onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

EXAMPLE II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of Onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

RECEIVED

District Health Officer No. 5

District File Number 239 62 ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Date Filed 8 10 39