

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

 PLACE OF DEATH
 County Henry
 Township Pogard
 or
 Village Blainston
 or
 City _____ (NO. _____) St. _____ Ward _____

 Registration District No. 347 File No. 16431
 Primary Registration District No. 5485A Registered No. 5

(If death occurred in a hospital or institution, give its NAME instead of street and number)

 FULL NAME Abner Hess

PERSONAL AND STATISTICAL PARTICULARS

 SEX man COLOR OR RACE white SINGLE MARRIED married
 WIDOWED OR DIVORCED
 (If file the word)

DATE OF BIRTH

42 years (Month) _____ (Day) 1 (Year)

AGE

42
 If LESS than
 1 day, ___ hrs.
 or ___ min.?

OCCUPATION

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

BIRTHPLACE

 (City or town, State or foreign country) Fulton Co. Penn

PARENTS

NAME OF FATHER

John Hess

BIRTHPLACE OF FATHER

 (City or town, State or foreign country) Penn Fulton Co

MAIDEN NAME OF MOTHER

Chishatt

BIRTHPLACE OF MOTHER

 (City or town, State or foreign country) Fulton Co. Penn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) E. H. Hess Brother

(ADDRESS)

Clinton Mo

Filed

June 21 1910
E. C. Allison
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

June 21 1910
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

 _____, 191____, to _____, 191____,
 that I last saw him alive on June 21, 1910,

 and that death occurred, on the date stated above, at 12:20 p.m.

The CAUSE OF DEATH* was as follows:

Heart Disease
95 yrs

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed)

P. P. Oregon Witness
E. M. Robinson Witness
June 21 1910 (Address) Blainston Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

PLACE OF BURIAL OR REMOVAL

Clinton Mo June 23 1910

UNDERTAKER

E. C. Spore Clinton 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*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, 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.)

