

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

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

County Pike
Township Cassine
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 684 File No. 38822
Primary Registration District No. 5912 Registered No. 50

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

FULL NAME Archer C. Bankhead

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Widower

DATE OF BIRTH September 18, 1833
(Month) (Day) (Year)

AGE 78 yrs. 2 mos. ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02

BIRTHPLACE (City or town, State or foreign country) Virginia

PARENTS
NAME OF FATHER John W. Bankhead
BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia
MAIDEN NAME OF MOTHER Elizabeth Christian
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. C. Bankhead

(ADDRESS) Bowling Green

Filed Nov 15 1911 Douglas Wells

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 14th 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 14th, 1911, to Nov 14th, 1911, that I last saw him alive on Nov 14th, 1911, and that death occurred, on the date stated above, at 4⁴⁰ p.m. The CAUSE OF DEATH* was as follows:

apoplexy

(Duration) _____ yrs. _____ mos. 2 ds.

Contributory age
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Chas. B. Bankhead M. D.
Nov 15 1911 (Address) Paysonville, 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

Prairieville Cemetery

DATE OF BURIAL

Nov 15 1911

ERTAKER

Archer C. Bankhead Bowling Green
S. O. Armstrong Embalmers no

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*, *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*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*; *meninges*, *peritoneum*, 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 sym-
minal conditions, such as "Asthenia," "Atrophy," "Colic," "Convulsions," "Debility" ("Congenital," "Dropsy," "Exhaustion," "Heart failure," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always state cause for which surgical operation taken. For VIOLENT DEATHS state MEANS OF DEATH, as ACCIDENTAL, SUICIDAL, or HOMICIDE, if impossible to determine, state "Probably such," if impossible to determine. Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of head*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, etc., may be stated for violent deaths. Sequences (e. g., *sepsis*, *tetanus*) may be stated for head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

