

County Harrison
 or Bethlehem
 Township
 or
 Village
 or
 City

Registration District No. 350 File No. 5001
 Primary Registration District No. 5487a Registered No. 21

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

FULL NAME Chas. M. Zile

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>MARRIED</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>9 Mar 10</u> (Month) (Day) (Year)	IF LESS than 1 day, ___ hrs. or ___ min.?	
Industry, occupation, or profession (State or employer) <u>Farmer</u>		
Place of birth (City or town, State or foreign country) <u>Missouri</u>		
NAME OF FATHER <u>Allen Zile</u>		
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Nashville Tenn</u>		
MAIDEN NAME OF MOTHER <u>Don't know</u>		
BIRTHPLACE OF MOTHER (City or town, State or foreign country)		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 1, 1912, to Feb 17, 1912, that I last saw him alive on Feb 17, 1912, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

dilatation of Heart
+ Coronary Arteriosclerosis

(Duration) 1 yrs. ___ mos. ___ ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) J. M. Wallis M. D.
 (Address) Clinton 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 this State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Bethlehem DATE OF BURIAL Feb 19

UNDERTAKER W. H. Smith ADDRESS Clinton Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. M. Zile
Clinton Mo.
 Filed Feb 18, 1912 Registrar J. M. Shults

of Death

[Approved by U. S. Census and American Public 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*, *Coal mine*—*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-*

, etc., of (name origin of disease) is definite; avoid use of "Tumor" (designating neoplasms); *Measles*; *Whooping cough*; *Valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) condition need not be stated unless important. Examples: *Typhoid (disease causing death)*, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Coma," "Convulsions," "Debility" ("Congenital debility," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness," etc., when the 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 KINDS 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.)

