

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 important.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<u>Henry</u>	Registration District No.	<u>354</u> File No. <u>5011</u>
Township	_____	or	_____
Village	_____	Primary Registration District No.	<u>4211</u> Registered No. <u>12</u>
or	_____	_____	_____
City	<u>Windsor Mo.</u> (NO. _____) St. _____ Ward _____	[If death occurred in a hospital or institution, give its NAME instead of street and number]	
FULL NAME <u>Tom P. Campbell</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Feb-20th</u> 191 <u>2</u>
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from <u>Jan 18th</u> , 191 <u>2</u> , to <u>Feb-20th</u> , 191 <u>2</u> , that I last saw him alive on <u>Feb-20th</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>110 P. M.</u> The CAUSE OF DEATH* was as follows: <u>1228 Hemorrhage of the 1254 bowels several having occurred during the last 24 hrs.</u> (Duration) _____ yrs. _____ mos. _____ ds.
<u>Nov. : 23</u> , 187 <u>2</u> (Month) (Day) (Year)			
AGE	IF LESS than 1 day, _____ hrs. or _____ min.?		Contributory <u>Last such was chronic excess of the liver.</u> (Duration) <u>one</u> yrs. <u>three</u> mos. _____ ds. (Signed) <u>Maud R. Agnew</u> M. D. <u>2/20</u> 191 <u>2</u> (Address) <u>Windsor Mo.</u>
<u>40</u> yrs. <u>3</u> mos. _____ ds.	<u>40</u> yrs. <u>3</u> mos. _____ ds.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Miner</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			
BIRTHPLACE (City or town, State or foreign country) <u>Springfield Mo.</u>			
PARENTS	NAME OF FATHER <u>Thos. L. Campbell</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know</u>		
	MAIDEN NAME OF MOTHER <u>Synthia Ricus</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mr. W. C. Campbell</u> (ADDRESS) <u>Windsor Mo.</u>			
Filed <u>2-21</u> 191 <u>2</u>		REGISTRAR <u>R. J. Jensen</u> <u>W. H. G. C. S.</u>	
PLACE OF BURIAL OR REMOVAL <u>Clinton Mo.</u>		DATE OF BURIAL <u>2-21</u> 191 <u>2</u>	
UNDERTAKER <u>W. E. Heston</u>		ADDRESS <u>Windsor Mo.</u>	

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.)



1912
C. 40
72

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

PLACE OF DEATH Henry
 County Henry Registration District No. 35-4 File No. 5011
 Township _____ or Village Windsor Primary Registration District No. 4211 Registered No. 12
 City _____ (NO. _____ St. _____ Ward _____)
 FULL NAME Wm C Campbell (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)
DATE OF BIRTH <u>Nov 23, 1872</u> (Month) (Day) (Year)		AGE <u>40</u> yrs. <u>3</u> mos. <u> </u> ds.
OCCUPATION (a) Trade, profession, or particular kind of work <u>miner</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Lexington Mo.</u>		
PARENTS	NAME OF FATHER <u>Thos C Campbell</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Dont know</u>	
	MAIDEN NAME OF MOTHER <u>Sydney Lucrest</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dont know</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs W.C. Campbell</u> (ADDRESS) <u>Windsor Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20, 1912
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Feb 18, 1912, to Feb 20, 1912
 that I last saw him alive on Feb 20, 1912
 and that death occurred, on the date stated above, at 11:00 P.M.

The CAUSE OF DEATH* was as follows:
Hemorrhage of the bowels
several hours occurred during
the last 24 hours (approximately)
bowels count by impact of bowels
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory Last sickness was the
 (SECONDARY) chronic
 (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Wanda A. Agnew M. D.
2/20, 1912 (Address) Windsor 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 _____

PLAGE OF BURIAL OR REMOVAL Clinton Mo DATE OF BURIAL 2-21, 1912

UNDERTAKER W.C. Huston ADDRESS Windsor

Filed 2-21, 1912 REGISTRAR R. J. Jennings

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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.)