

MISC

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Bates Registration District No. 366 File No. 13801-a
 Township Cypress Lake Primary Registration District No. 5073 Registered No. 48
 Village Princeton City Princeton (NO. St. Ward)
 NAME Joseph Green Harris

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Married MARRIED Widowed OR DIVORCED (If less than the word)
 DATE OF BIRTH Sept 8 1837 (Month) (Day) (Year)
 AGE 20 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or min.?

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 8 1917 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from March 20, 1917, to April 7, 1917, that I last saw him alive on April 7, 1917, and that death occurred, on the date stated above, at 11 a.m.
 The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis
120 (Duration) yrs. mos. ds.

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

Contributory (Duration) yrs. mos. ds.
 (Signed) J. H. Kistner M. D.
Apr 8 1917 (Address) Princeton, Mo.

BIRTHPLACE X Kentucky (City or town, State or foreign country) Louisville Burien
 NAME OF FATHER X Benjamin Harris
 BIRTHPLACE X Virginia (City or town, State or foreign country)
 MAIDEN NAME X Junonia Harris OF MOTHER
 BIRTHPLACE X Virginia (City or town, State or foreign country)

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 APPlace 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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Commeriller Harris
 (ADDRESS) Spring 9110

PLACE OF BURIAL OR REMOVAL Bethel Cemetery DATE OF BURIAL April 9 1917
 UNDERTAKER J. C. Naylor ADDRESS Bellvue Mo

Filed Apr 8 1917 J. H. Kistner REGISTRAR

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 *Gay 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, Sarcoma*, 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 septicæmia," "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.)

JUN 3 1958