

## 1 PLACE OF DEATH

County Ralls  
 Township Salt River  
 or  
 Village  
 or  
 City (NO. St. Ward)

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

Registration District No. 727 File No. 35331  
 Primary Registration District No. 5959 Registered No. 28

2 FULL NAME Arnold Hopkins

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married  
 (Write the word)

6 DATE OF BIRTH July 19 - 1868  
 (Month) (Day) (Year)

7 AGE 50 8 IF LESS than 1 day, hrs. or min.?  
 yrs. mos. ds.

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

9 BIRTHPLACE  
 (City or town, State or foreign country) Ralls Co Mo Salt River Tn

PARENTS  
 10 NAME OF FATHER Charles P. Phillips  
 11 BIRTHPLACE OF FATHER Unknown  
 (City or town, State or foreign country)  
 12 MAIDEN NAME OF MOTHER Emily Welch  
 13 BIRTHPLACE OF MOTHER Virginia  
 (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Arnold Hopkins  
 (Address) Perry Mo

15 Filed Nov 10<sup>th</sup> 1918 J. Walcutt  
 Registrar

## 3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 20 1918  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 6, 1918, to Oct 15, 1918, that I last saw her alive on Oct 15, 1918, and that death occurred, on the date stated above, at 1.4 p.m.

The CAUSE OF DEATH\* was as follows:

As to deterioration from teeth. My organ involved. Emphysema of lungs  
 (Duration) 1 yrs. 4 mos. 15 ds.  
 CONTRIBUTORY Chronic interstitial Nephritis  
 (Secondary) (Duration) 1 yrs. 4 mos. 15 ds.  
 (Signed) Paul E. Corb M. D.  
Oct 20, 1918 (Address)

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

18 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

19 PLACE OF BURIAL OR REMOVAL Perry Mo DATE OF BURIAL Oct 21, 1918

20 UNDERTAKER Geo. C. Powell ADDRESS Perry 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*, *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

ion, as *Day laborer*, *Farm laborer*, *Laborer*—*e*, etc. Women at home, who are engaged in duties of the household only (not paid *Housewife* who receive a definite salary), may be entered *wife*, *Housework*, or *At home*, and children, fully employed, as *At school* or *At home*. Should be taken to report specifically the occupation of persons engaged in domestic service for *is Servant*, *Cook*, *Housemaid*, etc. If the person has been changed or given up on account of DISEASE CAUSING DEATH, state occupation at time of illness. If retired from business, that should be indicated thus: *Farmer (retired, 6 yrs.)*. Sons who have no occupation whatever, *ne*.

**Statement of cause of death.**—Name, first, DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the 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 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.)