

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

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	<i>Henry</i>	Registration District No.	<i>854</i>
Township	<i>Lebo Henry Miller</i>	File No.	<i>1006</i>
or Village		Primary Registration District No.	<i>8496</i>
or City		Registered No.	<i>8</i>
FULL NAME		<i>Carine Brown</i>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH
<i>Female</i>	<i>Colored</i>		<i>Jan 29,</i> 191 <i>2</i>
DATE OF BIRTH			(Month) (Day) (Year)
<i>1 23 1912</i>			
AGE	IF LESS than 1 day, hrs. or min.?	I HEREBY CERTIFY, that I attended deceased from <i>Jan 25,</i> 191 <i>2</i> , to <i>Jan 27,</i> 191 <i>2</i> , that I last saw h <u>er</u> alive on <i>Jan 29,</i> 191 <i>2</i> , and that death occurred, on the date stated above, at <i>9 a.</i> m. The CAUSE OF DEATH <sup>†</sup> was as follows: <i>Pneumonia</i> <i>10.5</i>	
OCCUPATION (a) Trade, profession, or particular kind of work		(Duration) yrs. mos. ds.	
(b) General nature of industry, business, or establishment in which employed (or employer)			
BIRTHPLACE (City or town, State or foreign country)		Contributory (SECONDARY) (Duration) yrs. mos. ds.	
<i>Henry Mo</i>			
PARENTS	NAME OF FATHER	Signed) <i>J. H. Walton</i> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	<i>Jan 27,</i> 191 <i>2</i> (Address) <i>Windsor Mo</i>	
	MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	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.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>Arthur Brown</i>		PLACE OF BURIAL OR REMOVAL	
(ADDRESS) <i>Windsor Mo.</i>		<i>Lebo Turp</i>	
Filed <i>Jan 30</i> 191 <i>2</i> <i>R. J. Penning</i> REGISTRAR		DATE OF BURIAL	
		<i>Jan 30</i> 191 <i>2</i>	
		UNDERTAKER	
		<i>Chas A Carter</i>	
		ADDRESS	
		<i>Windsor Mo</i>	

# 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 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 surgi al 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.)



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PLACE OF DEATH

County Henry  
 Township Mindson  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

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

BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

Registration District No. 354 File No. 1006  
 Primary Registration District No. 5496 Registered No. 8

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

FULL NAME Carrine Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>B.</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>S</u>
DATE OF BIRTH <u>Jan 23</u> , 191 <u>2</u> (Month) (Day) (Year)		
AGE <u>7</u> yrs. <u>9</u> mos. <u>4</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
Jan 29, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 25, 1912, to Jan 29, 1912, that I last saw deceased live on Jan 29, 1912, and that death occurred, on the date stated above, at 9 a m.

The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

BIRTHPLACE  
(City or town, State or foreign country)  
Henry Co. Mo.

NAME OF FATHER  
Arthur Brown

BIRTHPLACE OF FATHER  
(City or town, State or foreign country)  
Mo.

MAIDEN NAME OF MOTHER  
Florence Hill

BIRTHPLACE OF MOTHER  
(City or town, State or foreign country)  
Mo.

Contributory  
(SECONDARY)  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. H. Walters M. D.  
Jan 29 1912 (Address) Mindson Mo.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Arthur Brown  
 (ADDRESS) Mindson Mo.

File Jan 30, 1912  
[Signature] REGISTRAR

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  
Feb's Trup.

DATE OF BURIAL  
Jan 30, 1912

UNDERTAKER  
Chas. A. Carter

ADDRESS  
Mindson Mo.

All information called for must be written on this Supplementary Certificate.

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Association]

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