

N. B.—Every item of information should be carefully supplied. PAGE 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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <i>Male</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED <i>yes</i> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <i>May 8th</i> , 191 <i>2</i> (Month) (Day) (Year)	
DATE OF BIRTH <i>April 21st</i> , 18 <i>62</i> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <i>May 4</i> , 191 <i>2</i> , to <i>May 8th</i> , 191 <i>2</i> , that I last saw him alive on <i>8th of May</i> , 191 <i>2</i> , and that death occurred, on the date stated above, at <i>3^{1/2}</i> p. m.	
AGE <i>50</i> yrs. <i>17 days</i> mos. ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <i>Pneumonia 108</i>	
OCCUPATION (a) Trade, profession, or particular kind of work <i>Farmer</i>			(Duration) ___ yrs. ___ mos. ___ ds. Contributory <i>None</i> (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds. (Signed) <i>W L Lampton</i> M. D. (Address) <i>Ashland</i>	
(b) General nature of industry, business, or establishment in which employed (or employer) <i>Farming</i>				
BIRTHPLACE (City or town, State or foreign country) <i>Campbell, Co, Ky</i>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <i>Abel Case</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Ky</i>		Where was disease contracted if not at place of death? Former or usual residence.	
	MAIDEN NAME OF MOTHER <i>Secret Known</i>		PLACE OF BURIAL OR REMOVAL <i>New Salem</i>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Ky</i>		DATE OF BURIAL <i>518</i> 191 <i>2</i>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>W L Lampton M D</i> (ADDRESS) <i>Ashland Mo</i>			UNDERTAKER <i>no</i>	
Filed <i>May 10</i> , 191 <i>2</i> , <i>At Nichols</i> REGISTRAR			ADDRESS <i>no</i>	

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

 PLACE OF DEATH
 County *Boone*
 Township *Cedar Mo*
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward)

 Registration District No. *71* File No. *16201*
 Primary Registration District No. *5/10A* Registered No. *13*

 FULL NAME *Abraham Case*

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

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.)

N. B. B. S. should state very important.

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

PLACE OF DEATH

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

County Boone
Township Cedar Mt.
or
Village
or
City (NO. _____) St. _____ Ward _____

Registration District No. 71 File No. _____

Primary Registration District No. 5110A Registered No. 13

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

FULL NAME Abraham Cause

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX m COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) m

DATE OF DEATH May 8, 1912
(Month) (Day) (Year)

DATE OF BIRTH Apr. 21, 1862
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 4, 1912, to May 8, 1912, that I last saw him alive on May 8, 1912, and that death occurred, on the date stated above, at 3 P. m.

AGE 50 yrs. 17 mos. 17 ds. IF LESS than 1 day hrs. or mins.

The CAUSE OF DEATH* was as follows:
pneumonia lobar
(Duration) _____ yrs. _____ mos. 10 ds.

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

BIRTHPLACE (City or town, State or foreign country) Campbell Ky.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. H. Lammers M. D.
May 12, 1912 (Address) Asheville

PARENTS: NAME OF FATHER Abraham
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.
MAIDEN NAME OF MOTHER M.
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.

* 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. L. LaNester
(ADDRESS) Asheville N.C.

PLACE OF BURIAL OR REMOVAL New Salem DATE OF BURIAL May 8 1912
UNDERTAKER no ADDRESS no

Filed May 20 1912 A. M. Chalch REGISTRAR

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," "Old failure," "Haemorrhage," "Inanition," "M..." etc., when a age," "Shock," "Uraemia," "..." as the cause. Always definite disease can be resulting from childbirth or misqualify all as "PUERPERAL septichaemia," "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.)