

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
23486 ~~23586~~

PLACE OF DEATH Lofay etc
County Lofay etc
Township _____
or _____
Village Corder Mo
or _____
City _____ (No. _____) St.: _____ Ward _____

Registration District No. 458 File No. _____
Primary Registration District No. 457 Registered No. 10

FULL NAME Premature Birth

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

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
SEX <u>Unknown</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Premature</u>	DATE OF DEATH <u>July 5, 1912</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>July 5, 1912</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,		
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			that I last saw h _____ alive on _____, 191____,		
BIRTHPLACE (City or town, State or foreign country) <u>Corder Mo.</u>			and that death occurred, on the date stated above, at _____ m.		
PARENTS NAME OF FATHER <u>Ermest Hilger Morgan</u> BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Corder Mo.</u> MAIDEN NAME OF MOTHER <u>Jannita Jackson</u> BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Beaubeau Mo.</u>			The CAUSE OF DEATH was as follows: <u>Attendant Cause, infection</u> <u>15 1/2</u> (Duration) yrs. _____ mos. _____ ds. <u>15 1/2</u> (Duration) yrs. _____ mos. _____ ds.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Ermest H Morgan</u> (ADDRESS) <u>Corder Mo.</u>			Contributory _____ (Signed) _____ M. D. _____, 191____ (Address) _____		
Filed <u>July 6, 1912</u> <u>E. F. Martin</u> REGISTRAR			*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 _____		
			PLACE OF BURIAL OR REMOVAL <u>In Garden at Home</u>		DATE OF BURIAL <u>July 6, 1912</u>
			UNDERTAKER <u>Ermest H Morgan acting</u>		ADDRESS <u>Corder 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, 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 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.)



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.

PLACE OF DEATH
County Lafayette

Township _____
or
Village _____
or
City Corder

Registration District No. 458

Primary Registration District No. 4292

File No. 23436

Registered No. 10

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

FULL NAME Premature birth

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Unknown COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Premature
(Write the word)

DATE OF DEATH July 5, 1912
(Month) (Day) (Year)

DATE OF BIRTH July 5, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____,

AGE Gestation About 4 1/2 mos. IF LESS than 1 day, _____ m. _____ d. _____ h. _____ m.

that death occurred, on the date stated above, at _____ m.

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

The CAUSE OF DEATH* was as follows:
No Attendant
Cause unknown
(Duration) _____ yrs. _____ mos. _____ ds.

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

PARENTS: NAME OF FATHER Everett H. Morgan BIRTHPLACE OF FATHER Corder Mo. MAIDEN NAME OF MOTHER Jessie Jackson BIRTHPLACE OF MOTHER Blackburn Mo.

Contributory (SECONDARY) _____ (Signed) No Attendant, M. D. _____, 191____ (Address) _____

*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) Everett H. Morgan (ADDRESS) Corder, Mo.

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 _____

Filed July 6, 1912 by E. F. Mather REGISTRAR

PLACE OF BURIAL OR REMOVAL In Garden at Home DATE OF BURIAL July 6, 1912 UNDERTAKER Everett H. Morgan ADDRESS Corder Mo.

Revised United States Standard Certificate of Death

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

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