

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

County Vernon
 Township Washington Registration District No. 875 File No. # 8034
 or
 Village _____ Primary Registration District No. 6162 Registered No. # 2
 or
 City State Hospital no 3 St. 5 Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Samuel Cole

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>unknown, 1888</u> (Month) (Day) (Year)		
AGE <u>23</u> yrs. <u>8</u> mos. <u>7</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>0-0</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>		
PARENTS	NAME OF FATHER <u>David Cole</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>unknown</u>	
	MAIDEN NAME OF MOTHER <u>unknown</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>unknown</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) H. M. Steed
 (ADDRESS) Nevada Mo

Filed Jan 4 1913 E. C. Wilkerson
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 3, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 15, 1911, to Jan 3, 1913, that I last saw him alive on Jan 2, 1913, and that death occurred, on the date stated above, at 220 m. The CAUSE OF DEATH* was as follows:

85 Epilepsy
 (Duration) 7 yrs. _____ mos. _____ ds.
 Contributory _____
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. H. R. E. M. D.
Jan 30, 1913 (Address) Nevada Mo

*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 3 yrs. 4 mos. 23 ds. In the State 23 yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? Pleasant Green Mo

Former or usual residence Pleasant Green Mo

PLACE OF BURIAL OR REMOVAL State Hospital #3 DATE OF BURIAL Jan 4, 1913
 UNDERTAKER Mike E. Ferry ADDRESS Nevada 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 health-arious pursuits can be known. The ques-to each and every person, irrespective of many occupations a single word or term on will be sufficient, e. g., *Farmer* or *Planter*, *Compositor*, *Architect*, *Locomotive engineer*, *er*, *Stationary fireman*, etc. But in many ally in industrial employments, it is neces-w (a) the kind of work and also (b) the he business or industry, and therefore an line is provided for the latter statement; it used only when needed. As examples: (a)) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; an, (b) *Automobile factory*. The material may form part of the second statement. urn "Laborer," "Foreman," "Manager," etc., without more precise specification, as r, *Farm laborer*, *Laborer—Coal mine*, etc. home, who are engaged in the duties of the only (not paid *Housekeepers* who receive a ary), may be entered as *Housewife*, *House-t home*, and children, not gainfully employed, ol or *At home*. Care should be taken to rec-ically the occupations of persons engaged in ervice for wages, as *Servant*, *Cook*, *House-* If the occupation has been changed or given unt of the DISEASE CAUSING DEATH, state oc-t beginning of illness. If retired from busi-fact may be indicated thus: *Farmer (re-rs.)*. For persons who have no occupation write *None*.

Statement of cause of death.—Name, first, the USING DEATH (the primary affection with re-ime and causation), using always the same erm for the same disease. Examples: *Cere-fer* (the only definite synonym is "Epidemic lnal meningitis"); *Diphtheria* (avoid use of); *Typhoid fever* (never report "Typhoid a"); *Lobar pneumonia*; *Bronchopneumonia* nia," unqualified, is indefinite); *Tuberculosis* eninges, *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.)



FROM

V. 9. FORM XXX

HUGH STEPHENS, JEFFERSON CITY.

