

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

PLACE OF DEATH  
County Linn  
Township Union  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 282 File No. 4836  
Primary Registration District No. 52401 Registered No. 18

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

FULL NAME Gas Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE MARRIED WIDDED OR DIVORCED Widower  
(Write the fact)

DATE OF BIRTH Dec 10 1848  
(Month) (Day) (Year)

AGE 64 yrs. 27 mos. 27 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02

BIRTHPLACE (City or town, State or foreign country) Linn

PARENTS  
NAME OF FATHER Herl Smith  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Linn  
MAIDEN NAME OF MOTHER Dora Keow  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Linn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Gas Smith

(ADDRESS) Campfire Mo

Filed 28 1913 C. W. Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 7 3  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 28, 1912, to Jan 27, 1913, that I last saw him alive on Jan 6, 1913, and that death occurred, on the date stated above, at 7<sup>30</sup> a.m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia  
(Duration) 10<sup>8</sup> yrs. 162 mos. 162 ds.

Contributory Old age and general debility  
(SECONDARY) (Duration) yrs. mos. ds. 10 ds.  
(Signed) J. O. Sammons M. D.  
78 1913 (Address) Campfire 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 \_\_\_ 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 Grave Hill Mo DATE OF BURIAL 1 8 3  
1913

UNDERTAKER C. M. Cordi ADDRESS Campfire 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 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, 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.)

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

PLACE OF DEATH

County Dunklin  
 Township Union  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 282 File No. \_\_\_\_\_  
 Primary Registration District No. 5401 Registered No. 18

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

FULL NAME

Jas. Smith

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Wd</u> (Write the word)
DATE OF BIRTH <u>Dec 10</u> , 1 <u>848</u> (Month) (Day) (Year)		
AGE <u>64</u> yrs. <u>27</u> mos. <u>27</u> ds.		If LESS than 1 day, ___ hrs. or ___ mins.
OCCUPATION (a) Trade, profession, or particular kind of work <u>farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

DATE OF DEATH Jan 7, 1913  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 28, 1912, to Jan 7, 1913, that I last saw him alive on Jan 6, 1913, and that death occurred, on the date stated above, at 7:30 a.

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

BIRTHPLACE (City or town, State or foreign country) Tenn

PARENTS	NAME OF FATHER <u>Carl Smith</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn</u>
	MAIDEN NAME OF MOTHER <u>Wink</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn</u>

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

Contributory old age & general  
 (SECONDARY) debility (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) R. G. O. Kamm M. D.  
2/8, 1913 (Address) Campbell Hill

\*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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Dan Smith  
 (ADDRESS) Campbell Hill

Filed X 2/8, 1913 6 W Brown REGISTRAR

Where was disease contracted  
 If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL <u>Grav Hill</u>	DATE OF BURIAL <u>1/8</u> , 191 <u>3</u>
UNDERTAKER <u>O. M. Bride</u>	ADDRESS <u>Campbell Hill</u>

SUPPLEMENTARY

PHYSICIANS and other persons who are members of the profession of OCCUPATION is very important.

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Association]

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4836  
*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.)