

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

1 PLACE OF DEATH

County Jasper

Township Jasper

Village Carthage

City Carthage

Registration District No. 408

Primary Registration District No. 8020

(NO. 845 St. Plane Ward 7)

File No. 37500

Registered No. 179

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

2 FULL NAME Berny Young

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Widowed  
(Write the word)

6 DATE OF DEATH Dec 16 1915  
(Month) (Day) (Year)

6 DATE OF BIRTH June 14 1845  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 11 1915 to Dec 14 1915, that I last saw him alive on Dec 15 1915, and that death occurred, on the date stated above, at 7:10 a.m.

7 AGE 70 yrs 6 mos. 2 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:

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

Lagrippe  
1108 10  
(Duration) yrs. mos. ds.

9 BIRTHPLACE (City or town, State or foreign country) N. Jersey

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

10 NAME OF FATHER Bern Young

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Not obtainable

12 MAIDEN NAME OF MOTHER Mary Zaniboni

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not obtainable

(Signed) T. E. Baker M. D. (Address) Carthage Mo

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. E. Slato

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds.

(Address) Carthage Mo

Where was disease contracted if not at place of death? Former or usual residence Carthage Mo

15 Filed Dec 19 1915 Registrar [Signature]

19 PLACE OF BURIAL OR REMOVAL Park Cemetery DATE OF BURIAL Dec 17 1915

20 UNDERTAKER Knell and ADDRESS Carthage Mo

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.

# 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 of organ; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms) *Whooping cough*; *Chronic valvular heart disease*; *interstitial nephritis*, etc. The contri-<sup>causation</sup> or intercurrent) affection need not be important. Example: *Measles* (disease) *Bronchopneumonia* (secondary) report mere symptoms or terminal condition "Asthenia," "Anaemia" (merely symptoms) "Collapse," "Coma," "Convulsions," "genital," "Senile," etc.), "Dropsy," "E 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.)