

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Cause of death should be stated EXACTLY. Exact statement of OCCUPATION is very important.

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

1 PLACE OF DEATH
Carroll

County

Township Smith
or

Village

City

Registration District No. 134

File No. 24 37024

Primary Registration District No. 6264

Registered No. 24

(NO. St. Ward)

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

2 FULL NAME A.L. Shoop

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH DEC. 19 1876
(Month) (Day) (Year)

7 AGE 39 10 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Rothville MO.

PARENTS
10 NAME OF FATHER M.W. Shoop
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Penn.
12 MAIDEN NAME OF MOTHER LUCRETIA S. Scott
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) IND.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) [Signature]
(Address) Bosworth Mo.

15 [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 19 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 1916 to Oct 19 1916

that I last saw him alive on, 1916, and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:
Death due to exposure - stranded on bar in Missouri river over night in boat found dead.
(Duration) yrs. mo. ds.

CONTRIBUTORY (Secondary)

(Signed) [Signature] Registrar

....., 191..... (Address) Carrollton Mo

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

18 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

19 PLACE OF BURIAL OR REMOVAL Wharton DATE OF BURIAL Oct. 23, 1916

UNDERTAKER [Signature] ADDRESS Bosworth 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 state-



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STATE BOARD
Bacteriologic
JEFFERSON CITY,

To

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CASE CAUSING
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always the same
Examples: *Cere-*
nym is "Epidemic
ia (avoid use of
rt "Typhoid pneu-
aopneumonia ("Pneu-
); *Tuberculosis of lungs,*
cinoma, Sarcoma, etc., of
incer" 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.)