

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

1 PLACE OF DEATH
County Greene
Township Cass Registration District No. 179 File No. 37396
or
Village _____ Primary Registration District No. 5451 Registered No. F
or
City Holland Mo. (NO. R.F.D. #1) St. _____ Ward _____
2 FULL NAME C. M. Southern

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE MARRIED married
WIDOWED OF DIVORCED (Write the word)
6 DATE OF BIRTH Nov. 8 1841
(Month) (Day) (Year)
7 AGE 74 yrs. 11 mos. 11 ds. If LESS than 1 day, hrs. or min.?
8 OCCUPATION Farmer
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
9 BIRTHPLACE Ohio
(City or town, State or foreign country)

10 NAME OF FATHER Don't know
11 BIRTHPLACE OF FATHER Ohio
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Don't know
13 BIRTHPLACE OF MOTHER " "
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. C. M. Southern
(Address) R.F.D. #1 Holland Mo.
15 Filed Nov 28 1916 Registrar A. G. Frame

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 25 1916
(Month) (Day) (Year)
17 I HEREBY CERTIFY, that I attended deceased from Oct 22 1916 to Oct 26 1916
that I last saw him alive on Oct 25 1916
and that death occurred, on the date stated above, at 12
The CAUSE OF DEATH* was as follows:
John Pneumonia
108
92
(Duration) yrs. mos. 4 ds.

CONTRIBUTORY (Secondary) _____
(Duration) yrs. mos. ds. _____
(Signed) G. G. Pike M. D.
Nov 28 1916 (Address) Holland

*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 4 yrs. mos. ds. In the 4 yrs. mos. ds.
Where was disease contracted if not at place of death? at beach
Former or usual residence _____

19 PLACE OF BURIAL OR CREMATION Salado, Ohio DATE OF BURIAL Oct 28 1916
20 UNDERTAKER Beutz and Co ADDRESS Spiritfield, 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 helpfulness 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 House-keepers who receive a definite salary), may be entered *Wife*, *Housework*, or *At home*, and children, fully employed, as *At school* or *At home*. It should be taken to report specifically the occupation of persons engaged in domestic service for as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of DISEASE CAUSING DEATH, state occupation at time 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*; *Broncho-pneumonia* ("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—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.)