

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 BO.
BUREAU OF VITAL ST
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Butler
Township Nelly
or
Village
or
City

Registration District No. 82 File No. 22574
Primary Registration District No. 8720 Registered No. 119

(NO. _____ St. _____ Ward _____)

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

2 FULL NAME John Thomas Campbell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)

6 DATE OF BIRTH Nov. 22 1916
(Month) (Day) (Year)

7 AGE 1 yr. 7 mos. 22 ds. If LESS than 1 day... hrs. or... min.?

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

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

10 NAME OF FATHER Eli Campbell

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) W. Va.

12 MAIDEN NAME OF MOTHER Chie Bryant

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 10 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 10 1918 to July 10 1918 that I last saw him alive on July 14 1918 and that death occurred, on the date stated above, at 6 9 a.m.

The CAUSE OF DEATH was as follows:
Acute Thio-Colitis
119 B 104
(Duration) _____ yrs. _____ mos. 7 ds.

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

(Signed) R. Stralotte M. D.
July 10 1918 (Address) Naylor, Mo.

*State the Disease Causing Death, or, in death 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ely Campbell
(Address) Naylor, Ind.

15 Filed July 14 1918 W. B. Davis
Registrar

19 PLACE OF BURIAL OR REMOVAL Naylor, Mo. DATE OF BURIAL July 16 1918
20 UNDERTAKER Mrs. W. C. Gish ADDRESS Naylor, 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*, *Composer*, *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

DEATH, state occupation at retired from business, that us: *Farmer (retired, 6 yrs.)* no occupation whatever,

Cause of death.—Name, first, with (the primary affection causation), using always the same disease. Examples: only definite synonym is "meningitis"); *Diphtheria* "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 definite disease can be ascertained as the cause. Always qualify all diseases resulting from birth or miscarriage, as "PUERPERAL septic" "PUERPERAL peritonitis," etc. State or which surgical operation was undertaken. VIOLENT DEATHS state MEANS OF INJURY AS ACCIDENTAL, SUICIDAL, OR HOMICIDAL, probably such, if impossible to determine. Examples: *Accidental drowning*; *Way train—accident*; *Revolver homicide*; *Poisoned by carbolic acid*. The nature of the injury, as from the consequences (e. g., *sepsis, tetanus*, etc.) under the head of "Contributory conditions on statement of cause" Committee on Nomenclature Medical Association.)

J. U. J. (fever, pain, their onset as the spread through the influenza.