

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.

PLACE OF DEATH

County Atchison
 Township Buchanan
 or
 Village
 or
 City (No. St. Ward)

ORIGINAL

21
50 30

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH
STATE OF MISSOURI

Registered No. 31498-2 E
31490-0

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

FULL NAME Rayon Mathew Fuller

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single, Married, Widowed, or Divorced Married
(Write the word.)

6 DATE OF BIRTH Feb 13 1893
(Month) (Day) (Year)

7 AGE 25 yrs. 8 mos. 3 ds. IF LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Tennessee

10 NAME OF FATHER John Fuller

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Fuller
(Address) Watson Mo

15 Filed Oct 20 8 1918 J. A. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 16 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 10 1918 to Oct 16 1918, that I last saw him alive on Oct 16 1918, and that death occurred, on the date stated above, at...m.

The CAUSE OF DEATH* was as follows:
Influenza

Pneumonia
(Duration) 1 yrs. 0 mos. ds.

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

(Signed) James A Gray M. D. Oct 20 1918 (Address) Watson 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 High Creek DATE OF BURIAL Oct 20 1918

20 UNDERTAKER Fred Aldrich ADDRESS Hamborn

United States Standard Certificate of Death

vised by U. S. Census and American Public Health Association.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative importance of various pursuits can be known. The statement applies to each and every person, irrespective of age. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. In many cases, especially in industrial employment, it is necessary to know (a) the kind of occupation, also (b) the nature of the business or industry. Therefore an additional line is provided for further statement; it should be used only when necessary. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Man*, (b) *Grocery*; (a) *Foreman*, (b) *Automotive factory*. The material worked on may form the second statement. Never return "Laborer," "Manager," "Dealer," etc., without more specific designation, as *Day laborer*, *Farm laborer*, *Coal mine*, etc. Women at home, who are confined to the duties of the household only (not paid workers who receive a definite salary), may be designated as *Housewife*, *Housework*, or *At home*, when not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic services, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation during the illness. If retired from business, that fact should be indicated thus: *Farmer (retired, 6 years)*. For persons who have no occupation whatsoever, return *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with remote and causation), using always the same term for the same disease. Examples: *Typhoid fever* (the only definite synonym is *typhoid*; cerebrospinal meningitis); *Diphtheria* (not "Croup"); *Typhoid fever* (never report "typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Inflammation of lungs, meninges, peritoneum*, etc., etc. (name origin); *Sarcoma*, etc., of..... (name origin); *Tumor* (less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Valvular heart disease*; *Chronic interstitial pneumonia*, etc. The contributory (secondary or inter-affection need not be stated unless important). Example: *Measles* (disease causing death), *Bronchopneumonia* (secondary), *10 days*. Never return pre-symptoms or terminal conditions, such as "Anemia" (merely symptomatic), "Atrolapse," "Coma," "Convulsions," "Debility," "Edema," "Senile," etc.), "Dropsy," "Exhaus-

tion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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 carbonic 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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.