

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.

D. S. L...

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

1 PLACE OF DEATH

County Buchanan

Township.....

or

Village.....

or

City St. Joseph

Registration District No. 85

File No. 31684

Primary Registration District No. 1001

Registered No. 1395

(NO. 235 E Nebraska St. Ward)

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

2 FULL NAME

Roy Earl Morris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

W

5 SINGLE
MARRIED
OR DIVORCED
(Write the word)

Single

6 DATE OF BIRTH

Sept 26, 1918
(Month) (Day) (Year)

7 AGE

0 yrs. 0 mos. 27 ds.

If LESS than
1 day.....hrs.
or.....min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work.....

none

(b) General nature of industry business, or establishment in which employed (or employer).....

9 BIRTHPLACE

(City or town, State or foreign country)

St. Joseph

10 NAME OF FATHER

Roy Morris

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

Mo

12 MAIDEN NAME OF MOTHER

Bessie Harris

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

It is

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Roy Morris

(Address) 235 E Nebraska Av

15

Filed Oct 25, 1918 St. Joseph, Mo

EN Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 23, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

Sept 26, 1918 to Oct 23, 1918

that I last saw him alive on Oct 15, 1918

and that death occurred, on the date stated above, at 6:10 P.M.

The CAUSE OF DEATH* was as follows:

congenital malformation of heart
150
(Duration) 0 yrs. 0 mos. 27 ds.

CONTRIBUTORY (Secondary)

none

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

(Signed) J. F. Furrer M. D.

Oct 24, 1918 (Address) 101 1/2 W. Main

*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.....

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

King Hill Cem Oct 25, 1918

20 UNDERTAKER

ADDRESS

E. R. Lindenfaden 416 N. 10th

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 *Teacher*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in any cases, especially in industrial employments, it is necessary to know (a) the kind of work and also 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. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Material worked on may form part of the second line. Never return "Laborer," "Foreman," "Farmer," "Dealer," etc., without more precise designation, as *Day laborer*, *Farm laborer*, *Laborer—miner*, etc. Women at home, who are engaged in duties of the household only (not paid *Housewife* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, partially employed, as *At school* or *At home*. It should be taken to report specifically the occupation of persons engaged in domestic service for such 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 may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, *None*.

Statement of cause of death.—Name, first, of DISEASE CAUSING DEATH (the primary affection in respect to time and causation), using always the accepted term for the same disease. Examples: *Spinal fever* (the only definite synonym is *infective cerebrospinal meningitis*); *Diphtheria* (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 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—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.)