

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.

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

PLACE OF DEATH
County Macon Co.
Township valley
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 528 File No. 2236
Primary Registration District No. 522 Registered No. _____

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

FULL NAME Claude Monroe St. Clair

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|--|
| SEX <u>male</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u> |
| DATE OF BIRTH <u>Sept. 28</u> , 19 <u>11</u> (Month) (Day) (Year) | | |
| AGE <u>33</u> yrs. <u>9</u> mos. <u>8</u> ds. | | If LESS than 1 day, ___ hrs. or ___ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Callao Mo.</u> | | |
| PARENTS | NAME OF FATHER <u>Samuel R. St. Clair</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Macon Co. Mo.</u> | |
| | MAIDEN NAME OF MOTHER <u>Richardson</u> <u>Mary Isabella</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Macon Co. Mo.</u> | |

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 5, 1911, to Jan 6, 1912, that I last saw him alive on Jan 5, 1912, and that death occurred, on the date stated above, at 69, m.

The CAUSE OF DEATH* was as follows:
Influenza and Pneumonia
11A
128 (Duration) 1 yrs. 8 mos. 8 ds.
118C Chronic asthma
Contributory
(SECONDARY) (Duration) 4 yrs. 2 mos. 2 ds.
(Signed) J. W. Allen M. D.
Jan 6, 1912 (Address) Callao Mo.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herman St. Clair
(ADDRESS) Callao Mo. R. F. D. No. 2

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 _____

Filed Jan 7, 1912, W. W. Welch
REGISTRAR

PLACE OF BURIAL OR REMOVAL Callao Mo. DATE OF BURIAL _____ 1912
UNDERTAKER W. W. Welch ADDRESS _____

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 statement.

or return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Farmer*, *Farm laborer*, *Laborer*—*Coal mine*, etc.

Home, who are engaged in the duties of the (not paid *Housekeepers* who receive a may be entered as *Housewife*, *House-* and children, not gainfully employed,

a. me. Care should be taken to report occupations of persons engaged in domestic as *Servant*, *Cook*, *House-* *maid*, etc. as been changed or given

up on account USING DEATH, state occupation at be s. If retired from business, that fact 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*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

coma, 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 probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of head—probably Poisoned by carbolic acid—probably suicide*. Nature of the injury, as fracture of skull, sequences (e. g., *sepsis*, *tetanus*) may be stated head of "Contributory." (Recommendation of cause of death approved by Nomenclature of the American Med-

