

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

26930

1 PLACE OF DEATH  
 County Brown  
 Township Centralia  
 Village Centralia  
 City Centralia  
 2 FULL NAME Claird Marshall Perry

3 SEX Male  
 4 COLOR OR RACE White  
 5 SINGLE Single  
 6 DATE OF BIRTH Mar 16 1902  
 7 AGE 17  
 8 OCCUPATION Fanner  
 9 BIRTHPLACE Centralia Mo.  
 10 NAME OF FATHER E. J. Perry  
 11 BIRTHPLACE OF FATHER Centralia Mo.  
 12 MAIDEN NAME OF MOTHER Ollie Marshall  
 13 BIRTHPLACE OF MOTHER Centralia Mo.  
 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) E. J. Perry  
 (Address) Centralia Mo.  
 15 Filed 9/14 1919

16 DATE OF DEATH Sept 15 1919  
 17 CAUSE OF DEATH Accidental  
Question of Automobile  
 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, etc.)  
 19 PLACE OF BURIAL OR REMOVAL Centralia Mo.  
 20 UNDERTAKER W. L. Bush  
 ADDRESS Centralia

PERSONAL AND STATISTICAL PARTICULARS:

3 SEX Male

4 COLOR OR RACE White

5 SINGLE Single  
 MARRIED  
 WIDOWED  
 OR DIVORCED  
 (Write the word)

6 DATE OF BIRTH Mar 16 1902  
 (Month) (Day) (Year)

7 AGE 17  
 yrs. mos. ds.

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Fanner  
 (b) General nature of industry, business, or establishment in which employed (or employer) 210

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

10 NAME OF FATHER E. J. Perry

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

12 MAIDEN NAME OF MOTHER Ollie Marshall

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) E. J. Perry  
 (Address) Centralia Mo.

15 Filed 9/14 1919

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 15 1919  
 (Day) (Month) (Year)

17 CAUSE OF DEATH Accidental  
Question of Automobile  
 The CAUSE OF DEATH\* was as follows:  
Accidental  
Question of Automobile

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, etc.)  
 At place of death 17 yrs. mos. ds.  
 If the disease contracted elsewhere, state (City or town, State or foreign country) \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Centralia Mo.  
 (City or town, State or foreign country)

20 UNDERTAKER W. L. Bush  
 ADDRESS Centralia

CONTRIBUTORY (Secondary) \_\_\_\_\_

(Signed) R. P. Baker  
 (Address) Columbia Mo.

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

# 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) *Colton 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 of the DISEASE CAUSING DEATH, state occupation at beginning 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*; *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.)