

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 Ragbelle
 County Ragbelle
 Township _____ Registration District No. 460 File No. 9554
 or _____
 Village _____ Primary Registration District No. 4274 Registered No. 32
 or _____
 City Higginsville (NO. _____ St. _____ Ward _____)

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

FULL NAME Infant Crutchfield

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Colored SINGLE MARRIED WIDOWED OR DIVORCED
 (Write the word)
 DATE OF BIRTH 3/7/23 (Month) (Day) (Year)
 AGE _____ If LESS than 1 day, _____ hrs. or _____ min.?
 _____ yrs. _____ mos. _____ ds.

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

BIRTHPLACE
 (City or town, State or foreign country) Higginsville Mo

PARENTS
 NAME OF FATHER James Crutchfield
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Higginsville
 MAIDEN NAME OF MOTHER Vernice Elmore
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Order Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Martin Elmore
 (ADDRESS) Higginsville Mo

Filed 3-30 1923 Ressie P. Potes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 28, 1923
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 28, 1923, to March 28, 1923 that I last saw him alive on March 28, 1923 and that death occurred, on the date stated above, at 6:30 m. The CAUSE OF DEATH* was as follows:

Adhysia Neonatorum
1010
 (Duration) _____ yrs. 20 minutes
 Contributory 162
 (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) James Hunter M. D.
March 30, 1923 (Address) Higginsville Mo

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

PLACE OF BURIAL OR SEPTICUM Brand Colored DATE OF BURIAL 3/30 1923
 UNDERTAKER W. W. Wood 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, 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.

Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The occupation worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women who are engaged in the duties of the household (and Housekeepers who receive a definite salary), should be stated as *Housewife, Housework*, or *At home*, and may be entered as *Unusually employed*, as *At school* or *At home*. Children, not taken to report specifically the occupations in domestic service for wages, as *Servant, Maid*, 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 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 "Typhoid pneumonia"); *Lobar pneumonia* ("Pneumonia"); *Tuberculosis of lungs*; *Sarcoma*, etc. of less definite; avoid unqualified, is indefinite); *meninges, peritonaeum*, etc., *Carcinoma* (name origin; "Cancer";

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.)