

1928
 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.

1 PLACE OF DEATH			BUREAU OF VITAL STATISTICS		CERTIFICATE OF DEATH	
County	Clay		Registration District No.	197	File No.	2999
Township	Gallatin		Primary Registration District No.	5276	Registered No.	52
Village	Linden, Mo.		City	(NO)	St.	Ward
2 FULL NAME			Betty Boro Moore			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH			
Fe	White	Single	Sept 12, 1928 (Month) (Day) (Year)			
6 DATE OF BIRTH			17 I HEREBY CERTIFY, that I attended deceased from			
June 14, 1926 (Month) (Day) (Year)			Sept 12, 1928 to Sept 12, 1928			
7 AGE			that I last saw him alive on _____ 191____			
2 yrs. 2 mos. 28 ds.			and that death occurred, on the date stated above, at 9:20 a.m.			
8 OCCUPATION			The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work			Intestinal Inflammation			
(b) General nature of industry business, or establishment in which employed (or employer)						
9 BIRTHPLACE			CONTRIBUTORY			
(City or town, State or foreign country) Linden, Mo.			(Secondary) Endocarditis			
PARENTS	10 NAME OF FATHER		Duration) yrs. mos. ds.			
	Gray Moore		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)			
	11 BIRTHPLACE OF FATHER		At place of death yrs. mos. ds. In the State yrs. mos. ds.			
	(City or town, State or foreign country) Mo		Where was disease contracted if not at place of death?			
12 MAIDEN NAME OF MOTHER		Former or usual residence				
Rena George		19 PLACE OF BURIAL OR REMOVAL				
13 BIRTHPLACE OF MOTHER		DATE OF BURIAL				
(City or town, State or foreign country) Mo		Southall Mo 9/13, 1928				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			20 UNDERTAKER			
(Informant) Gray Moore			Morton & Co			
(Address) Linden, Mo			ADDRESS			
15 Filed			Mo. Ke.			
Sept 13, 1928			Registrar			

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. 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. 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*, etc., *peritonaeum*, 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.)