

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.

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

1 PLACE OF DEATH

County Saline
Township Blackwater Registration District No. 798 File No. 15365-13
or
Village Primary Registration District No. 6042 Registered No.
or
City (NO.) St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John L. Linn

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED OF, DIVORCED (Write the word)

16 DATE OF DEATH March 3 weeks
John Linn 19134
(Month) (Day) (Year)

6 DATE OF BIRTH John Linn
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Examined body April 22, 19134
that I last saw him alive on 191.....
and that death occurred, on the date stated above, at m.

7 AGE About 3 yrs. mos. ds.
If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
John Linn, found in Blackwater creek lying across a log
(Duration) yrs. mos. ds.

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

CONTRIBUTORY (Secondary) John Linn
(Duration) yrs. mos. ds.
(Signed) J. P. Laurens, Coroner, M. D.
April 22, 19134 (Address) Marshall

9 BIRTHPLACE (City or town, State or foreign country) John Linn

PARENTS
10 NAME OF FATHER John Linn
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) John Linn
12 MAIDEN NAME OF MOTHER John Linn
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) John Linn

*State the Disease Causing Death, or, in deaths 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 4 yrs. 4 mos. ds. In the 4 State yrs. mos. ds.
Where was disease contracted 4 if not at place of death?
Former or usual residence 4

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) 4
(Address) 4

15 Filed Oct. 20 1934 E. L. Cliswell
Registrar

19 PLACE OF BURIAL OR REMOVAL Saline Co Home DATE OF BURIAL April 22, 19134
20 UNDERTAKEN Buried ADDRESS by Supt. of Home Marshall

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 services 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*, *paritonaeum*, 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 "Asthemia," "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 child-birth 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.)

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