

State Board of Health—Division of Vital Statistics

CERTIFICATE OF DEATH

Do not write

10412

in this space

REC'D APR 19 1938

1. PLACE OF DEATH: County Cass 160
 Township West Polan 1 Registered No. 5225
 or City West Line → No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Minnie Alice Scott 300
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and state.)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? _____
 If so, state Organization _____ Bank _____ Period of service _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced widowed
 (or) Robert Scott

6. DATE OF BIRTH (month, day, year) Sept 2 - 1868

7. AGE Years Months Days If LESS than 1 day, _____ hrs. or _____ min.
69 6 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Mooreville Ind

FATHER 13. NAME Zemeriah Bairdon
 14. BIRTHPLACE (city or town) (State or country) Ind

MOTHER 15. MAIDEN NAME Harriett Steeler
 16. BIRTHPLACE (city or town) (State or country) Ind

17. INFORMANT Mrs Cecil Sims
 (Address) _____

18. BURIAL, CREMATION, OR REMOVAL Place Greenwood Mo Date March 28, 1938

19. UNDERTAKER Geo. E. Myers, Cleveland Mo
 (Address) _____

20. FILED March 28, 1938 Mary Meador
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/15/1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1936 to May 25, 1938.
 Last saw him alive on Feb 25, 1938 death is said to have occurred on the date stated above at 11 AM.

The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Nephritis
Complicated with
High Blood Pressure

Contributor causes of importance not related to principal cause:
121

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 Accident suicide or homicide? _____ Date of injury _____, 19____

Where did injury occur _____ (Specify city or town, county, and state)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so specify _____
 (Signed) J. W. Kelly M. D.
151 (Address) Perma by Kans

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of vigorous pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation had been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family, cook—hotel*, etc. For person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

EXAMPLE I

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Arteriosclerosis</i>	1916
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1927

Contributory causes of importance not related to principal cause:

<i>Fracture of arm</i>	
<i>Automobile accident</i>	May 3, 1927

EXAMPLE II

The principal cause of death and related causes of importance in order of onset were as follows:

<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago

Contributory causes of importance not related to principal cause:

<i>Influenza</i>	6 weeks ago
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In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENT BY PHYSICIAN
