ld state	Co	PLACE OF DEATH	MISSOURI STATE BOARD OF HEALTH BUREAU OF, VITAL STATISTICS CERTIFICATE OF DEATH				
i shou ory fami	1	ownship Jacker Registration Distri	ct No. 18.69 File No. 27.820				
OTANS STANS N is v	Vi	Or Primary Registration	tion District No. 608/ Registered No. 3				
DHYSIC SUPATION	11	FULL NAME Clarrence (aloud Korg the instantion of street and number)					
CTLY of OCC		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
EXAC ement of	8	male Outitle Single MARRIED WIDOWED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED	DATE OF DEATH  (Month)  (Day)  (Yok)				
be atated xaot stat	D	ATE OF BIRTH  April  (Moath)  (Day)  (Year)	I HEREBY CERTIFY, that I attended deceased from				
n H	A-	GE If LESS than	that I last saw halive on, 191,				
GE short assified.		yrsds.   i day,hrs. ormin.?	and that death occurred, on the date stated above, atm.  The CAUSE OF DEATH* was as follows:				
₹ ₹	[ (a)	CCUPATION ) Trade, profession, or ricular kind of work	200B				
upplied.	l bu:	) General nature of Industry, Siness, or establishment in alch employed (or employer)					
ofully si	(C	RTHPLACE ity or town, ate or foreign country) Jasher Township	(Duration) yrs mos ds.				
thati		NAME OF FLOWING ISARE	Contributory: (SECONDARY) (Duration) yrsdsds.				
bould t	RENT8	BIRTHPLAGE OF FATHER (City or town, State or foreign country)	Signed				
ilon ain te	PARE	MAIDEN NAME OF MOTHER AND	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.				
nformat K in pla		BIRTHPLACE OF MOTHER (City or town, State or foreign country)	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death yrs mos ds. State yrs mos ds.				
m of inf DBATH	TH	E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?				
SEOF	(In	(ADDRESS) Anh may	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL				
N. B.—Even	File	luly or Dadteres	UNDERTAKER ADDRESS				
-4		O O 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, 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) 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, meninges, peritonaeum, etc., Carcinoma, Sar-

coma, 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 septichaemia," "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.)



F	LACE OF DEATH		3mns				D OF HE	
County	Shannon	CEIVE A F	EE FOR C	ALL NOT RE- ERTIFICATES MPLETED AS		F VITAL ST ICATE OF DI	TATISTICS	3
County	0 - 1	PRESCRIB	ED BY LAW	MPLETED AS 7.	VENTIF	ICATE OF D	FAIM	
Township	yasper/_	Registra	ation District	No	069 FI	e No		
Village	U	Primary	v Registration	District No6	181			2
or				· District No	DD.III Net	gistered No		<i></i>
Olty		(NO	·	************************************	St.;		(If death or hospital or	
F	ULL NAME	Clarre	nce	Claud x	Karv.	**********	give its RA of street and	
P	ERSONAL AND STATISTIC	AL PARTICULARS		ME	DICAL CERTIF	ICATE OF DE	EATH	
8EX	COLON ON HACE	SINGLE MARRIED		DATE OF DEATH	1	Λ	·	
mali	1 1 1 1 1 h 1 t	WIDOWED OR DIVORCED (Write the word)	nale	$\sim$	<del>Ŋ</del>	ywn	U 3 (Day)	, 191 (Year)
DATE OF			- Marie	1	BY CERTIFY	- <del> </del>		
	april	/3	,911					
	(Month)	(Day)	(Year)		m191 X			
AGE	•		LE88 than	har last saw h_				,
	Ovrs. /		day,hrs.	and that death of	occurred, on th	e date stated	l above, at	<u>}m</u>
				The CATIST OF	DEATH* was	as follows:		
<b>OOCUPATI</b>	ON n			Page off off	""			
(a) Trade, p	ON profession, or	)one	$\langle \langle \rangle \rangle$	7 /	now			
(a) Trade, particular (b) General	profession, or kind of work	one_		7 /				
(a) Trade, particular (b) General business, o	profession, or kind of work	one		7 /				
(a) Trade, particular (b) General business, o which emp	profession, or kind of work nature of industry, restablishment in loyed (or employer)	one		7 /	now			
(a) Trade, particular (b) General business, o which emp BIRTHPLAC (City or town	rofession, or kind of work  I nature of industry, restablishment in loyed (or employer)			7 /	now			
(a) Trade, particular (b) General business, o which emp BIRTHPLA( (City or town	rorfession, or kind of work / nature of industry, restablishment in loyed (or employer)		nohij	Contributory	(Duration)		mos	ds
(a) Trade, particular (b) General business, o which emp BIRTHPLAC (City or town State or foreig	rorfession, or kind of work  I nature of industry, restablishment in loyed (or employer)  DE  In country)  E OF		mohij	uns	(Duration)	yrs	mos	ds
(a) Trade, particular particular business, o which emp BIRTHPLAC (City or town State or foreig NAMI FATH	Profession, or kind of work  I nature of industry, restablishment in loyed (or employer)  DE (m. country)  E OF (IER AND			Contributory (BECONDARY)	(Duration)	yrs	mos	dsds
(a) Trade, particular particular business, o which emp BIRTHPLAC (City or town State or foreig NAMI FATH	rorfession, or kind of work			Contributory (SECONDARY)	(Duration)	Yrs	mos	dsds
(a) Trade, particular particular business, o which emp BIRTHPLAC (City or town State or foreig NAMI FATH	Profession, or kind of work  I nature of industry, restablishment in loyed (or employer)  DE (m country)  E OF (ER COUNTRY)  HPLACE (AT HER or town, State or foreign country)  EN NAME)			Contributory (Signed) (Signed) (1) (1)	(Duration)	угs	mos	ds
(a) Trade, particular particular business, o which emp BIRTHPLAC (City or town State or foreig NAMI FATH	Profession, or kind of work I nature of industry, restablishment in loyed (or employer)  DE (m. country)  E OF (LER ALL)  HPLACE ATHER I lown, State or foreign country		and S	Contributory (SECONDARY)  (Signed)  (Signed)	(Duration)  (Duration)  (Address Causing Death, or 1(2) whether Acci	yrs	mos	dsdsds
(a) Trade, particular (b) General business, o which emp BIRTHPLAC (City or town State or foreign MAID OF F) (City of MAID OF MAID OF MBIRTHER)	Profession, or kind of work I nature of industry, restablishment in loyed (or employer)  DE (m. country)  E OF (LER ALL)  HPLACE  ATHER or foreign country  EN NAME OTHER ALL  EN NAME O		nd s	Contributory (Signed) (Signed) (1) (1)	(Duration)  (Duration)  (Address Causing Death, or 1(2) whether Acci	yrs	mos	ds M. D
(a) Trade, particular (b) General business, o which emp  BIRTHPLAC (City or town State or forcig  NAM! FATH  BIRTI OF F, (City of MAID OF M	Profession, or kind of work I nature of industry, restablishment in loyed (or employer)  DE (na country)  E OF (IER COUNTRY)  PLACE ATHER or town, State or foreign country)  EN NAME (OTHER)		nd :	Contributory (Secondary)  (Signed)  State the Disease (1) Means of Injury: and ENGTH OF RESIDENTS) At place	(Duration)  (Duration)  (Address Causing Death, or i (2) whether Accie	yrsyrs	om Violent Carre Homicidal.	ds ds M. D. M. M. D. M. M. M. D. M.
(a) Trade, particular (b) General business, o which emp BIRTHPLAC (City or town State or foreign MAID OF F. (City of MAID OF M. (City of M	Instruction or kind of work Instruction of kind of work Instruction of industry, restablishment in loyed (or employer)  DE In country)  E OF IER  HPLAOE ATHER  To lown, State or foreign country  EN NAME OTHER  GPLACE OTHER	Marr Dhis Le Gra Missour	i s	Contributory (Secondary)  (Signed)  *State the Disease (1) Means of Injury; and ENGTH OF RESIDERECENT RESIDENTS) At place of death yrs. Where was diseased	(Duration)  (Duration)  (Address  Causing Death, or 1(2) whether Accidence (For Hosemos	yrsyrs	om Violent Carre Homicidal.	ds ds M. D. M. M. D. M. M. M. D. M.
(a) Trade, particular (b) General business, o which emp BIRTHPLAC (City or town State or foreign MAMI FATH (City of MAID OF M BIRTH OF M (City of MAID OF M CITY of MAID OF M (City of MAID OF M CITY of MAID OF M (City of MAID OF M CITY of MAID OF M (City of MAID OF M CITY of MAID OF M (City of MAID OF M CITY of MAID OF M (City of MAID OF M CITY of MAID OF M (City of MAID OF M CITY of MAID OF M (City of MAID OF M CITY of MAID OF M CITY of MAID OF M (City of MAID OF M CITY of M CI	Profession, or kind of work Inature of industry, restablishment in loyed (or employer)  E OF LER  HPLACE ATHER OTHER  (PLACE OTHER OTHER  (PLACE OTHER OTHER  (STRUE TO THE BEST OF INTERIOR OF INTERI	Marr Dhis Le Gra Missour	i s	Contributory (Secondary)  (Signed)  State the Disease (1) Means of Injury; and ENGTH OF RESIDERECENT RESIDENTS) At place of death yrs. Where was disease of not at place of	(Duration)  (Duration)  (Address  Causing Death, or 1(2) whether Accidence (For Hosemos	yrsyrs	om Violent Carre Homicidal.	ds ds M. D. M. M. D. M. M. M. D. M.
(a) Trade, particular (b) General business, o which emp BIRTHPLAG (City or town State or foreign MAID OF F. (City of MAID OF M. BIRTH OF M. (City of M. City of M. (City of M.	Profession, or kind of work Inature of industry, restablishment in loyed (or employer)  E OF LER  HPLACE ATHER OTHER  (PLACE OTHER OTHER  (PLACE OTHER OTHER  (STRUE TO THE BEST OF INTERIOR OF INTERI	Marr Dhis Le Gra Missour	nd C	Contributory (Secondary)  (Signed)  *State the Disease (1) Means of Injury; and ENGTH OF RESIDERECENT RESIDENTS) At place of death yrs. Where was diseased	(Duration)  (Duration)  (Address  Causing Death, or 1(2) whether Accidence (For Hosemos	yrsyrs	om Violent Carre Homicidal.	ds ds M. D. M. M. D. M. M. M. D. M.
(a) Trade, particular (b) General business, o which emp business, o which emp business, o which emp birthead (City or town State or foreign MAMI FATH OF F. (City of MAID OF M City of MAID OF M City of MAID OF M (City of MAID OF M City of MAID OF M (City	Profession, or kind of work Inature of industry, restablishment in loyed (or employer)  E OF LER  HPLACE ATHER OTHER  (PLACE OTHER OTHER  (PLACE OTHER OTHER  (STRUE TO THE BEST OF INTERIOR OF INTERI	Marr Dhis Le Gra Missour	i S	Contributory (SECONDARY)  (Signed)  State the Disease (1) Heans of Injury; and ENGTH OF RESIDENTS) At place of death yrs. Where was diseased f not at place of death Tormer or Isual residence.  PLACE OF BURIAL	(Duration)  (Duration)  (Address  Causing Death, or 1(2) whether Acci ENCE (For Hos  mos, ds.	yrs	om Violent Cau r Homicidal.	ds
(a) Trade, particular (b) General business, o which emp BIRTHPLAC (City or town State or foreign MAID OF F) (City of MAID OF M (City of M (C	Profession, or kind of work Inature of Industry, restablishment in loyed (or employer)  E OF LER  HPLACE ATHER I towa, State or foreign country  FILACE OTHER I TO THE BEST OF  IS TRUE TO THE BEST OF	Marr Dhis Le Gra Missour	i S	Contributory (Secondary)  (Signed)  *State the Disease (1) Means of Injury: and ENGTH OF RESIDENTS) At place of death yrs. Where was diseased f not at place of d	(Duration)  (Duration)  (Address  Causing Death, or 1(2) whether Acci ENCE (For Hos  mos, ds.	yrs	om Violent Cau r Homicidal.	ds
(a) Trade, particular (b) General business, o which emp BIRTHPLAC (City or town State or foreign MAID OF F) (City of MAID OF M (City of M (C	Profession, or kind of work Inature of Industry, restablishment in loyed (or employer)  E OF LER  HPLACE ATHER I towa, State or foreign country  FILACE OTHER I TO THE BEST OF  IS TRUE TO THE BEST OF	Marr Dhis Le Gra Missour	nd C	Contributory (SECONDARY)  (Signed)  State the Disease (1) Heans of Injury; and ENGTH OF RESIDENTS) At place of death yrs. Where was diseased f not at place of death Tormer or Isual residence.  PLACE OF BURIAL	(Duration)  (Duration)  (Address  Causing Death, or 1(2) whether Acci ENCE (For Hos  mos, ds.	yrs	om Violent Cau r Homicidal.	ds.  M. D.  Ses, State  ENTS, OR

## 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) 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, meninges, peritonaeum, etc., Carcinoma, Sar-

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 septichaemia," "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.)

coma, etc., of \_\_\_\_\_ (name origin; "Cancer" is

27020