

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

County Ray
Township Polk
or
Village Near Elmira
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 742 File No. 2618
Primary Registration District No. 5977 Registered No. 1

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

FULL NAME Baby Sharp, Stillborn

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy COLOR OR RACE white SINGLE single
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH Feb 25 1910
(Month) (Day) (Year)

AGE Grand at Birth 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) Elmira Mo.

PARENTS
NAME OF FATHER Martin Sharp
BIRTHPLACE OF FATHER (City or town, State or foreign country) Near Elmira
MAIDEN NAME OF MOTHER Carrie Pollard
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Near Elmira

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Paul H. J. ...
(ADDRESS) Elmira, Mo.

Filed 2-5 1910 A. R. Remley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 25 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,
that I last saw h_____ alive on _____, 191____,
and that death occurred, on the date stated above, at _____ m.
The CAUSE OF DEATH* was as follows:

Placenta Previa
NO CODE
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
Signed W. L. Davis M. D.
Feb 26 1910 (Address) Elmira 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 _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Near Elmira DATE OF BURIAL Feb 26 1910

UNDERTAKER J. B. ... ADDRESS Lawrence

United States Standard Certificate of Death

Approved by U. S. Census and American Public Health Association]

ment of occupation.—Precise statement of occupation is very important, so that the relative health of various pursuits can be known. The question lies to each and every person, irrespective of how many occupations a single word or term on one line will be sufficient, e. g., *Farmer* or *Planter*, *Composer*, *Architect*, *Locomotive engineer*, *Miner*, *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 name of the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Cotton mill*; (b) *Salesman*, (b) *Grocery store*, (b) *Automobile factory*. The material on this line may form part of the second statement. Return "Laborer," "Foreman," "Manager," etc., without more precise specification, as *Miner*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Householder*, *At home*, and children, not gainfully employed, as *Child* or *At home*. Care should be taken to specify specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, the fact may be indicated thus: *Farmer (retired)*. For persons who have no occupation, return *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 term for the same disease. Examples: *Cerebral meningitis* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Diphtheritic"); *Typhoid fever* (never report "Typhoid fever"); *Lobar pneumonia*; *Bronchopneumonia*; *Pneumonia*, unqualified, is indefinite); *Tuberculosis of 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 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.)

