

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	St. Francois		Registration District No.	774	
Township	St. Francois		File No.	6552	
or			Primary Registration District No.	4465	
Village	Flat River Mo.		Registered No.	12	
or					
City	(No. _____ St. _____ Ward _____)		* (If death occurred in a hospital or institution, give its NAME instead of street and number)		
FULL NAME <i>William Harvey Thomas</i>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOW OR DIVORCED (Write the word)	DATE OF DEATH		
<i>Male</i>	<i>White</i>	<i>Married</i>	<i>Feb. - 9 - 1912</i> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<i>Mar. 27 1870</i> (Month) (Day) (Year)			<i>Jan 12</i> , 1911, to <i>Feb 9</i> , 1912		
AGE			that I last saw him alive on <i>Feb 9</i> , 1912		
<i>41</i> yrs. <i>10</i> mos. <i>15</i> ds.			and that death occurred, on the date stated above, at <i>11 15</i> a.m.		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work <i>Machinist</i>			<i>apoplexy</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>Repairing, etc.</i>			<i>Rupture of middle meningeal artery</i>		
BIRTHPLACE			(Duration) _____ yrs. _____ mos. _____ ds.		
(City or town, State or foreign country) <i>St. Francois Co., Mo.</i>					
PARENTS	NAME OF FATHER		Contributory (SECONDARY)		
	<i>John C. Thomas</i>		(Duration) _____ yrs. _____ mos. _____ ds.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country)		(Signed) <i>M. B. Barber</i> M. D.		
	<i>St. Francois Co., Mo.</i>		<i>Feb 9 - 1912</i> (Address) <i>Flat River</i>		
MAIDEN NAME OF MOTHER		* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
<i>Mary A. Highley</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
BIRTHPLACE OF MOTHER (City or town, State or foreign country)		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.			
<i>St. Francois Co., Mo.</i>		Where was disease contracted if not at place of death?			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Former or usual residence _____		
(Informant) <i>Mrs. W. H. Thomas</i>			PLACE OF BURIAL OR REMOVAL		
(ADDRESS) <i>Flat River Mo.</i>			<i>Bourke Terra Cemetery</i>		
FILED <i>Feb 10 1912</i> <i>D. J. Topping</i> REGISTRAR			DATE OF BURIAL		
			<i>Feb 11 - 1912</i>		
			UNDERTAKER		
			<i>Benny Rucker</i>		
			ADDRESS		
			<i>Flat River Mo.</i>		

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*, *meninges*, *peritoneum*, 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.)

