

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.

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

4513

1 PLACE OF DEATH  
County Monroe  
Township Wilton Registration District No. 575 File No. 1  
or  
Village Tipton Mo Primary Registration District No. 4339 Registered No.  
or  
City Tipton Mo (NO.          St.          Ward         )  
2 FULL NAME Loise Elvira Webb

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE C 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S  
6 DATE OF BIRTH July 12 1920  
(Month) (Day) (Year)  
7 AGE 10 mos 21 ds. If LESS than 1 day.....hrs. or.....min.?  
8 OCCUPATION  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer)  
9 BIRTHPLACE (City or town, State or foreign country) Tipton Mo  
10 NAME OF FATHER Jess Webb  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Monroe Mo  
12 MAIDEN NAME OF MOTHER Lotta Barrie  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Morgan Mo

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 2 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 15 1921 to July 2 1921  
that I last saw him alive on July 2 1921  
and that death occurred, on the date stated above, at 8 a m

The CAUSE OF DEATH\* was as follows:  
Acute Bronchitis  
Duration 99 yrs. mos. ds.  
CONTRIBUTORY Whooping cough  
(Secondary) (Duration) 20 ds. yrs. mos. ds.

(Signed) S. P. Keenan M. D.  
Mo 21 1921 (Address) Tipton Mo

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.  
Where was disease contracted if not at place of death?  
Former or usual residence.....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Jess Webb  
(Address) Tipton Mo

15 Filed Feb 7 1921 C. T. Fry Registrar

19 PLACE OF BURIAL OR REMOVAL Tipton DATE OF BURIAL Feb 4 1921  
20 UNDERTAKER J. M. Berkey ADDRESS Tipton Mo

# 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

(b) the nature of the business or industry. Before an additional line is provided for statement; it should be used only when necessary.

As examples: (a) *Spinner*, (b) *Cotton mill man*, (c) *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, 8 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*, *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

St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If nonresident give city or town and State)  
 How long in U.S., if of foreign birth? yrs. mos. da.

"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.)