့	BUREAU OF VI				BOARD OF HEALTH TAL STATISTICS TE OF DEATH		(A) 1 P
1							
	· ·				.,		
2	2. FULL NAME JOSEPH Campbell						
	(a) Residence. No				,	******************	
L	(Usual place of abode)  Length of residence in city or town where death occurred yra, mos.					(If nonresident give city	or town and State)
					11	t of foreign mem.	)ra. 100a. (
	PERSONAL AND STATISTICAL PARTICULARS				2. MEDICAL CERTIFICATE OF DEATH		
3.	SEX 4.	COLOR OR RACE	5. SINGLE, MA	ARRIED, WIDOWED OR (write the word)	16. DATE OF DEATH (MONTH,	DAY AND YEAR) 12/	17/27 19
ŀ	Male	White.	Marr	hai	17.		
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF				I. HEREBY CERT		
	HUSBAND OF Julia Campbell				that I last saw hand alive on Cloud 7 , 192, f , and death occurred, on the date stated above, at 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		
6.	DATE OF BIRTH	MONTH, DAY AND YEA	R) June T	9-1839	1)	•	டுள்ளூக்
	AGE YEARS MONTHS DAYS If LESS than I			THE CAUSE OF DEATH	TAS AS FOLLOWS:		
				day,brs.	myscara	is man	Jucieno
	<u>88   5   28   =                               </u>				1111		
8.	OCCUPATION OF	DECEASED		· · · ·	930 111 10 1		
~	(a) Trade, profession, or particular kind of work. Retired Farmer  (b) General nature of industry,				CONTRIBUTORY arterio Se associa		
	business, or establishment in which employed (or employer)				(SECONDARY)		
	(c) Name of employer					(duration)	/rs
					18. WHERE WAS DISEASE CONTRACT	ණ	
9.		OR TOWN)			IF NOT AT PLACE OF DEATH).		
	(STATE OR COUNTRY) Ray Co Mo.				A DID AN OREDATION PROGRAM	1712 J. A. Di	/
1	10. NAME OF FATHER OLD Comphet				DID AN OPERATION PRECEDE DE	AIRT. JOJA DATE OF.	·K
RENTS	10. NAME OF PATHELLEVI Campbell				Was there an autopsyz	0/	·····//
	11. BIRTHPLACE OF FATHER (CITY OR TOWN)				WHAT TEST CONFIRMED DIRECTOR	, c m	-af
	(STATE OR COUNTRY) Ray Co Mo.				(Sidned)	JW Jai	ne.
PARE	12. MAIDEN NAME OF MOTHER DOD * t KNOW				De. 17, 1927 (Address) Rayville mo.		
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN)				*State the DISEASE CAUSING	DEATH of in deaths for	m Violenz Causes, st
	(STATE OR COUNTRY) don't know			(1) MEANS AND NATURE OF INJURY, and (2) whether Accidental, Suicidal, (1) Homicidal. (See reverse side for additional space.)			
14.		nry Kino		4	19. PLACE OF BURIAL, CREMA		DATE OF BURIAL
	(Address) Ri	.chmond M	o R.F.D	<u>•</u>	Vanbebber Cer	1	12/18/2
15.			61411	Territoria de la compansión de la compan	20/ UNDERTAKER		ADDRESS
	France 18.	1927 1/15	$\omega_{-}$ $J_{-}LL_{-}$	Gaine L REGISTRAR	1 Cleff		Richmond

## 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 urs.). 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, Sarcoma, etc., of ----- (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasm); 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.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicemia," "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.)

Note.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phiebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.