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

21660

| Township Richmond  George Johnson Col.  2. FULL NAME  George Johnson Col.  (a) Rentence. No.  (b) Unul place of abody  Length of rendeme is city or town where death secured yra mos.  FERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  S. Shear. Massing. Wooded on Married  1. SEX  A. COLOR OR RACE  Black  Black  Married  S. Shear. Massing. Wooded on Married  Married  S. Shear. Massing. Wooded on Married  Married  To Date of Death (scorn, bay as real, by 132A).  And Yuns  Morris  Date of Birth (scorn, bay as real, by 132A).  And I Research on the data stated above, at June 122A.  And I Research on the data stated above, at June 122A.  B. OCCUPATION OF DECEASED  (a) Tracks, profession, or Libborer  (b) George instine of industry, which employed for complete)  (c) Tracks, profession, or Libborer  (d) George instine of industry, which employed for complete)  (d) Scorn on country)  Morgan Co. Mo.  10. NAME OF FATHER Thomas Johnson  11. Birthflack of Pother (crit on rown)  (State on country)  Morgan Co. Mo.  11. Birthflack of Pother (crit on rown)  (State on country)  Morgan Co. Mo.  12. Maiden Name of morthRebecok Hawkies  13. Six of Complete (crit on rown)  (State on country)  Morgan Co. Mo.  13. Pack of Pather on town, and State)  Was times an autorest.  What iter completed blocked blocked accessed break decreased blocked accessed blocked ac | 1. PLACE OF DEATH                                   | 7///  |                                       |
|--|---|---|---------------------------------------|
| Terration Richmond  City Richmond  C | CountyRa.y  | No. / It / File No.                                   | • • • • • • • • • • • • • • • • • • • |
| 2. FULL NAME GEORGE Johnson Col.  (a) Residence, No.  (b) Residence No.  (c) Residence No.   | Township Richmond Primary Registration              | 1   |                                       |
| (a) Residence is dry or town where death secured yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief? yes now da. How lend in U.S., if all ferrigh brief. All the world in U.S., if all ferrigh brief. How lend in U.S., if all fer | Cay Richmond (No.                                   |   | Ward)                                 |
| Client place of abode   Processor   Proc   | 2. FULL NAME George Johnson Co.                     | 1.  | ************                          |
| Length of residence in city or town where death occurred yra.  PERSONAL AND STATISTICAL PARTICULAS  3. SEX   | (a) Residence. No                                   | Ward.   | ***********                           |
| S. SEX 4. COLOR OR RACE Black  |   |   |                                       |
| Male Black Married Mar | PERSONAL AND STATISTICAL PARTICULARS                | MEDICAL CERTIFICATE OF DEATH                          |                                       |
| MAIO Black Married  5. Internal State of The |   | IS DATE OF DEATH (MONTH AND MAIN)                     |                                       |
| S. IF MONTHER WAS DEAD OF FARM OF JOHNSON  S. DATE OF BIRTH (MONTH. DAY AND YEAR) AUG. 4 1848  T. AGE YEARS MONTHS DAYS IT LESS than I day, br. br. death eccurred, on the date stated above, at 1/3.0 mm.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or perficular kind of work.  (b) General nature of industry, business, or entiblishment in which employed (or employer)  (c) Name of enableyr  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY) MORGAN CO. MO.  11. DIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) Ky.  12. MAIDEN NAME OF MOTHER GETY OR TOWN)  (STATE OR COUNTRY) MORGAN CO. MO.  14. INFORMANT FARM OF JOHNSON.  15. STATE OR COUNTRY) MORGAN CO. MO.  16. INFORMANT FARM OF JOHNSON.  17. INFORMANT FARM OF JOHNSON.  18. WHERE WAS DIREASE CONTRACTED  WAS THERE AN AUTOPSY.  (Signed).  WAS THERE AN AUTOPSY.  (Signed).  State the Direase Country, and (2) whether ACCIDENTAL, STREMAL, CREMOVAL  State the Direase Country, and (2) whether ACCIDENTAL, STREMAL, CREMOVAL  SANCE OR COUNTRY, BY CAUSE, state  (1) Mains and Natures or Industry, and (2) whether ACCIDENTAL, STREMAL, CREMOVAL  SANCE OR COUNTRY, BY CAUSE, state  (1) Mains and Natures or Industry, and (2) whether ACCIDENTAL, STREMAL, CREMOVAL  SANCE OR COUNTRY, BY CAUSE, state  (1) Mains and Natures or Industry, and (2) whether ACCIDENTAL, STREMAL, CREMOVAL  SANCE OR COUNTRY, BY CAUSE, state  (1) Mains and Natures or Industry, and (2) whether ACCIDENTAL, STREMAL, CREMOVAL  SANCE OR COUNTRY, BY CAUSE, state  (1) Mains and Natures or Industry, and (2) whether ACCIDENTAL, STREMAL, CREMOVAL  SANCE OR COUNTRY, BY CAUSE, state  (2) ADDRESS  15. 2/ 2/ 2 (  |   | 1/30/20   | 19                                    |
| HUSEAND OF Fannie Johnson  6. DATE OF BIRTH (MONTH). DAY AND YEAR)  7. AGE  YEARS  MONTIS  DATS  I LESS than 1  day  |   | A المرار SREBY CERTIFY, That I attended deceased from | June                                  |
| death exterred, on the date stated above, at   | HUSBAND OF  | 192 J. to July )                                      | 19 %                                  |
| 5. DATE OF BIRTH (MONTH) DAY AND YEAR) AUR. 4 1848  7. AGE YEARS MONTHS DAYS II LESS than I day, br. or min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or perfectable hind of work  (b) General nature of industry, brainess, or establishment in which employed (or employer)  (c) Name of employed (or employer)  (densition), yr. dense day of the perfect of the profession, or perfect hind of work  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY) MORGAN CO. MO.  10. NAME OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) Ky.  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) Ky.  12. MAIDEN NAME OF MOTHRE DECCE. Hawkies  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) MORGAN CO. MO.  14. INFORMANT FARRIE JOHNBON.  15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL (Address)  Richmond Mo.  16. SANGER SEASE CARBING DALTE, or in dealths from YIGLERY CAURES, state (1) Malais and Natura or Hutter, and (2) whether Accuration, or Hencichal, General additional appeac.)  14. INFORMANT FARRIE JOHNBON.  15. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL SANGERS OF MALTERS OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL SANGERS OF MALTERS OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL SANGERS OF MALTERS OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL SANGERS OF MALTERS | Fannie Johnson                                      |   | ليطا لحد ,.أم                         |
| 7. AGE YEARS MONTHS DAYS II LESS than I day, bra.  7. AGE YEARS MONTHS DAYS II LESS than I day, bra.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or perfectable hind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY) MOTGAN CO. MO.  10. NAME OF FATHER Thomas Johnson  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) Ky.  12. MAIDEN NAME OF MOTHRebecce Harkles  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) MOTGAN CO. MO.  14. INFORMANT FARNIS JOHNSON.  15. STATE OR COUNTRY) MOTGAN CO. MO.  16. MAIDEN NAME OF MOTHREBECCE HARKLES  (STATE OR COUNTRY) MOTGAN CO. MO.  17. MAIDEN NAME OF MOTHREBECCE HARKLES  (STATE OR COUNTRY) MOTGAN CO. MO.  18. WHERE WAS DELASE CONTRACTED  IF NOT AT PLACE OF DEATH.  (Signed)  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  (STATE OR COUNTRY) MOTGAN CO. MO.  18. DIRECTAL ACCOUNTRY OF TOWN.  (STATE OR COUNTRY) MOTGAN CO. MO.  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  BADDRESS  15. D. 21 2 (D. C. MO. ADDRESS)  ADDRESS   | 5 DATE OF RIPTH (HONTH DAY AND YEAR) A SAME A TRACE | 74  | •                                     |
| 8. OCCUPATION OF DECEASED  (a) Trade, profession, or perficit kind of west.  (b) General nature of industry, husiness, or establishment in white numbyoned (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY) MOTGAN CO. MO.  10. NAME OF FATHER Thomas Johnson  11. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY) Ky.  12. MAIDEN NAME OF MOTHRebecca Hawkles  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) MOTGAN CO. MO.  14. INFORMANT FARMIS Johnson.  14. INFORMANT FARMIS Johnson.  15. Lo 2/ 2 C Lo Columbor Mo.  16. OCCUPATION PRECEDE LEASTING. (duration), year da.  (Signed).  (Sign |   | THE CAUSE OF DEATH+ WAS AS FOLLOWS:                   | _                                     |
| 8. OCCUPATION OF DECEASED  (a) Trade, profession, or perficular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer  (c) Name of employer  9. BIRTHPLACE (city or rown)  (STATE OR COUNTRY)  10. NAME OF FATHER Thomas Johnson  11. BIRTHPLACE OF FATHER (city or rown)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER BECCE HAWKIES  13. BIRTHPLACE OF MOTHER (city or rown)  (STATE OR COUNTRY)  MOTGAN CO. MO.  14. INFORMANT FARMIS JOHNSON  14. INFORMANT FARMIS JOHNSON  15. PLACE OF BURIAL, CREMATION, OR REMOVAL  BY JURIAL CREMATION, OR REMOVAL  SANDERSS  ADDRESS  ADDRESS   | ,             | Jurano Ungalo dese                                    | an                                    |
| 8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work Lathoror  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY) MOTGAN CO. MO.  10. NAME OF FATHER Thomas Johnson  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) Ky.  12. MAIDEN NAME OF MOTHROBOCCE Hawkles  13. BIRTHPLACE OF MOTHROCOCCE Hawkles  14. INFORMANT FANNIS JOHNSON.  14. INFORMANT FANNIS JOHNSON.  15. A 21 2 C MADDRESS  15. A 21 2 C MADDRESS  16. ADDRESS  CONTRIBUTORY  (SECONDARY)  CONTRIBUTORY  (SECONDARY)  (STATE OR COUNTRY) MOTGAN CO. MO.  (B. WHERE WAS DELEASE CONTRACTED  IF NOT AT PLACE OF DEATH.  DATE OF DEATH.  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Makes and NATURE OF JOHNSON.  (Makes and NATURE OF INSTRUMENT and (2) whether Acceptance state of Homerchal. (See reverse side for additional space.)  14. INFORMANT FANNIS JOHNSON.  15. A 21 2 C MADDRESS  ADDRESS   | 76 II 26 =  | ( or Clarance subvallace Hos                          | Ante                                  |
| (a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER Thomas Johnson  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHRE DECCE Hawkles  13. BIRTHPLACE OF MOTHRE (CITY OR TOWN)  (STATE OR COUNTRY)  MOTGAN CO. MO.  14. INFORMANT FANNIE Johnson  15. Long Johnson  16. (Address)  17. Laborer  CONTRIBUTORY  (SECONDARY)  (SECON |   |   |                                       |
| (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER Thomas Johnson  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (SYATE OR COUNTRY)  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  (SYATE OR COUNTRY)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (SYATE OR COUNTRY)  14. INFORMANT FARM OF Johnson  15. Informant Farm Of Johnson  16. Sanderson Cem.  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  Sanderson Cem.  18. Where was decade contracted  19. PLACE OF DEATH.  (Secondary)  (SCONTRIBUTORY  (SECONDARY)  (SECONDARY)  (SECONDARY)  18. Where was decade contracted  19. PLACE OF DEATH.  (Signed)  (Makes and Nature of Industry and (2) whether Acceptance, Success, state  (1) Makes and Nature of Industry, and (2) whether Acceptance, Success, state  (2) Whether Acceptance, Success, state  (3) PLACE OF BURIAL, CREMATION, OR REMOVAL  Sanderson Cem.  8/2/25 19  ADDRESS  | (a) Parille materials as                            | 181   |                                       |
| business, or establishment in which employed (or employer)  9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  10. NAME OF FATHER Thomas Johnson  11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHRE BECCE Hawkles  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)  14. INFORMANT FARMIS JOHNSON  15. INFORMANT FARMIS JOHNSON  16. SECONDARY)  (SECONDARY)  (IMPRIE WAS DEFEASE CONTRACTED  (IF NOT AT PLACE OF DEATH.  (DID AN OPERATION PRECEDE DEATH.  (Signed)  WAS THERE AN AUTOPSY:  (Signed)  (Signed) |   | ) A   | 445,                                  |
| which employed (or employer)  (c) Name of employer  9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER Thomas Johnson  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  12. MAIDEN NAME OF MOTHRebecce Hawkles  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  MOTGAN CO. MO.  14. INFORMANT Fannie Johnson  15. 10. 2/ 2/ 10. March 10. Morgan Co. Mo.  18. Where was decade contracted  19. PLACE OF DEATH.  (Signed)  10. NAME OF FATHER (CITY OR TOWN)  (Signed)  11. BIRTHPLACE OF MOTHRE DECCE Hawkles  (Signed)  12. Maldens are Nature of Indust, and (2) whether Accurage at the Mosticidal. (See reverse side for additional space.)  14. INFORMANT Fannie Johnson  15. Signed  16. Males are Nature of Indust, and (2) whether Accurage at the Mosticidal. (See reverse side for additional space.)  16. Sanderson Cem.  20. ORDERTAKED  ADDRESS  |   | CONTRIBUTORY  |                                       |
| 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MORGAN CO. MO.  10. NAME OF FATHER Thomas Johnson  11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky.  12. MAIDEN NAME OF MOTHRE COTY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MORGAN CO. MO.  14. INFORMANT FANNIE Johnson.  15. Richmond Mo.  18. Where was deease contracted  19. Hour at place of death.  Date of.  Was there an autopsyr.  What test confirmed diagnosis?  (Signed).  What test confirmed diagnosis?  (Signed).  State the Dibease Causing Death, or in deaths from Violent Causes, state  (State or country) Morgan Co. Mo.  19. Place of Burial, Cremation, or removal.  Sanderson Cem.  8/2/25 19  20. Onderson Cem.   | · " -   | (datation) yra me                                     | ade.                                  |
| 9. BIRTHPLACE (CITY OR TOWN)  (STATE OR COUNTRY)  10. NAME OF FATHER Thomas Johnson  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY)  Was there an autopsy:  (State or country)  What test confirmed diagnosis:  (Signed)  12. Maiden name of mother (city or town)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (State or country)  MOTGAN CO. MO.  14. Informant Fannie Johnson  (Address)  Richmond Mo.  15. Sanderson Cem.  B/2/25 19  20. Underson Cem.  | (c) Name of employer                                | 19 WHENE WAS DEVASE CONTRACTED                        |                                       |
| (STATE OR COUNTRY) MORGAN CO. MO.  10. NAME OF FATHER Thomas Johnson  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (STATE OR COUNTRY) Ky.  12. MAIDEN NAME OF MOTHER (CITY OR TOWN)  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY) MORGAN CO. MO.  14. INFORMANT FARMIO Johnson  15. (Address) Richmond Mo.  16. STATE OR COUNTRY) MORGAN CO. MO.  17. PLACE OF BURIAL, CREMATION, OR REMOVAL  18. Sanderson Com.  19. PLACE OF BURIAL, CREMATION, OR REMOVAL  Sanderson Com.  10. Date of Material Date of Burial  Sanderson Com.  10. Date of Material Date of Material Date of Material Date of Material Date of Burial  Sanderson Com.  10. NAME OF FATHER Thomas Johnson  What test confirmed Diagnosist.  (Sidned)  What test confirmed Dia | 6 DIDTUDIACE (CITY OF TANDI)                        |   |                                       |
| 10. NAME OF FATHER Thomas Johnson  11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (State or country) Ky.  12. MAIDEN NAME OF MOTHRE DECCE Hawkles  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (State or country) Morgan Co. Mo.  14. INFORMANT Fannie Johnson.  (Address) Richmond Mo.  15. Sanderson Com.  DID AN OPERATION PRECEDE BEATH.  (Signed)  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  WHAT TEST CONFIRMED DIAGNOSIST.  (Signed)  *State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Indust, and (2) whether Accordance, Sunction, or Homiconal. (See reverse side for additional space.)  14. Sanderson Com.  Sanderson Com.  8/2/25 19  20. ONDERTAKED  |   | IF NOT AT PLACE OF DEATH?                             |                                       |
| 11. BIRTHPLACE OF FATHER (CITY OR TOWN)  (State or country) Ky.  (Signed)  ( |   | Did an operation precede deathy Date of               | ·····                                 |
| (STATE OR COUNTRY) Ky.  (Signed)   | Thomas Johnson                                      | Was there an autopsys.                                |                                       |
| 12. MAIDEN NAME OF MOTHER DECCE. Hawkies  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  MOTGAN CO. MO.  (STATE OR COUNTRY)  MOTGAN CO. MO.  (See reverse side for additional space.)  14.  (Address)  Richmond Mo.  Sanderson Com.  8/2/25 19  15.  20. ONDERTAKED.   | 11. BIRTHPLACE OF FATHER (CITY OR TOWN)             | WHAT TEST CONFIRMED DIAGNOSIS?                        | ••••••••                              |
| 12. MAIDEN NAME OF MOTHER DECCE. Hawkies  13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  (STATE OR COUNTRY)  MOTGAN CO. MO.  (STATE OR COUNTRY)  MOTGAN CO. MO.  (See reverse side for additional space.)  14.  (Address)  Richmond Mo.  Sanderson Com.  8/2/25 19  15.  20. ONDERTAKED.   | (STATE OR COUNTRY) Ky.                              | (Sidned) Stevenson                                    | W n                                   |
| 14. INFORMANT Fannie Johnson.  (Address) Richmond Mo.  Sanderson Cem.  8/2/25 19  15. 20 21 2 (  | 12. MAIDEN NAME OF MOTHER DECCE. Hawkles            |   |                                       |
| 14. INFORMANT Fannie Johnson.  (Address) Richmond Mo.  Sanderson Cem.  8/2/25 19  15. 20 21 2 (  | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)             |   |                                       |
| 14. INFORMANT Fannie Johnson.  (Address) Richmond Mo  Sanderson Cem.  B/2/25 19  15. 20 21 2 (   | (STATE OR COUNTRY) Morgan Co. Mo.                   |   | UICIDAL, OF                           |
| 15. So 21 25 Kickelly 20 ONDERTAKED ADDRESS  | 14. INFORMANT Fannie Johnson.                       | <u>                                     </u>          | BURIAL                                |
| 15. So 21 2 ( Kick Value ) 20 ONDERTAKED ADDRESS   | (Address) Richmond Mo                               | Sanderson Cem. 8/2/                                   | <b>25</b> 19                          |
| Filed 19.10 19.10 Richmond   | 15. 90 21 25 Kith Jan 11                            |   |                                       |
|  | France 57/19/20 // CENTRAL ON RECISTRAL             | Richr   | ond                                   |
| Way I January . No   | /   | Way / / / www   | 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, 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 "Epidemie 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 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), 710 ds. Never report mere symptoms or terminal conditions. such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convul-"sions," "Debility" ("Congenital," "Senfle," 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, OF HOMICIDAL, OF AS probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of headhomicide: 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, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work wast improvement, and its scope can be extended at a later date.