**Missouri State Board of Health**  
**Bureau of Vital Statistics**  
**Certificate of Death**

**1 Place of Death**  
County: Morgan  
Registration District No.: 579  
Primary Registration District No.: 5792  
Registered No.: 25

**2 Full Name:**  
Tommy O. Lehman

**Personal and Statistical Particulars**

<table>
<thead>
<tr>
<th>3 Sex</th>
<th>4 Color or Race</th>
<th>5 Single Married Widowed or Divorced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>White</td>
<td>Married</td>
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**6 Date of Birth**  
Aug. 24, 1867

**7 Age**  
90 yrs.  
If LESS than 1 day, hrs., or... min.?

**8 Occupation**
(a) Trade, profession, or particular kind of work  
Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)  
Stack Man

**9 Birthplace**  
City or town, State or foreign country: Morgan Co. Mo

**10 Name of Father**
Tommy O. Lehman

**11 Birthplace of Father**
City or town, State or foreign country: Ohio

**12 Maiden Name of Mother**
Barbara Welty

**13 Birthplace of Mother**  
City or town, State or foreign country: Ohio

**14 The above is true to the best of my knowledge**  
Informant: W. N. Lutman  
(Address): Versailles, Mo

**15 Place of Burial or Removal**  
Dated: Aug. 24, 1923

**16 Date of Death**
Aug. 24, 1923

**17 I hereby certify, that I attended deceased from Aug. 19, 1923, to Aug. 24, 1923, that I last saw him alive on Aug. 19, 1923, and that death occurred, on the date stated above, at 9:00 a.m.

**The Cause of Death**
Typhoid Fever

**Contributory**  
(Illness, Operation, or Injury)  
Duration: yrs. mos. ds.

**Address:**  
M. D.

**Length of Residence**
(For Hospitals, Institutions, Transients, or Recent Residents)
At place of death: yrs. mos. ds.  
In the State of: yrs. mos. ds.

**Where was disease contracted if not at place of death?**
Former or usual residence:

**Place of Burial or Removal**
(Place of Death): St. Louis  
(Date of Burial): Aug. 24, 1923

**Undertaker:**  
M. D.
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 Engineer, 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, perionaeum, 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), 89 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as “Asthenia,” “Anaemia” (merely symptomatic), “Atrophy,” “Collapse,” “Coma,” “Convulsions,” “Debility” (“Genital,” “Senile,” etc.), “Dropy,” “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 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; Reolver 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.)