UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, *as housekeeper—private family, cook—hotel,* etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver,* etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill,* etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer,* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist,* etc. Distinguish carefully between *retail merchants and wholesale merchants.* A person who sells goods should be called a *salesman* and not a *clerk.*

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.,* heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

EXAMPLE I

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Contributory causes of importance not related to principal cause:	
Fracture of arm	
Automobile accident	*May 3, 1927*

EXAMPLE II

The principal cause of death and related causes of importance in order of onset were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Contributory causes of importance not related to principal cause:	
Influenza	*6 weeks ago*

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

Standard Certificate of Death

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

1. PLACE OF DEATH
County of Charleston
Township of
or
City of Charleston, S. C. Registration District No. 9 A
(No. Roper Hospital St.; Ward)

Registered No. 340-353
(For use of Local Registrar.)
(If death occurred in a Hospital or institution give its NAME instead of street and number)

2. FULL NAME Bernhard D. Garves
Residence 152 Spring St.
In City life Yrs. Mos. Days

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. COLOR OR RACE: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of? Annie Durham

6. DATE OF BIRTH (Month, day, and year) June 9, 1876

7. AGE: # | Years: 57 | Months: 9 | Days: 8 | If less than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. General Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Asbestos Mill
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation 18yrs

12. BIRTHPLACE (city or town) (State or country) Charleston, S.C.

FATHER

13. NAME John Garves
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Annie Meyers
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Annie D. Garves 152 Spring St., City

18. BURIAL, CREMATION, OR REMOVAL Place Bethany Cemetery Date March 19, 1934

19. UNDERTAKER (Address) J. Henry Stuhr, Inc., Charleston, S.C.

20. FILED 3/19/ 1934 Leon Banov, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) March 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1934 to March 17, 1934

I last saw him alive on March 17, 1934 death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Pulmonary Fibrosis	
Pulmonary Tuberculosis	
Pleurisy Chronic Fibrosis	
Pleurisy Tuberculous	

Contributory causes of importance not related to principal cause:

4/4/34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? - Date of injury ....., 19-

Where did injury occur? ..... (Specify city or town, and state)

Specify whether injury occurred in industry, in home, or in public place. -

Manner of injury -

Nature of injury -

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Asbestos Worker

(Signed) W. Atmar Smith M. D.

(Address) 72 Society St.

This is a correct copy taken from the Bureau of Vital Statistics records.
Leon Banov
Registrar