

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

1035

PLACE OF DEATH
County Caldwell
Township Kidder
or
Village County
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 97
Primary Registration District No. 5743

File No. _____
Registered No. 4

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

FULL NAME Janner Haney

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE Single MARRIED Single WIDOWED Single OR DIVORCED Single (Write the word)
DATE OF BIRTH Sept 16 1910
(Month) (Day) (Year)
AGE _____ yrs. _____ mos. 7 ds. IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

DATE OF DEATH Sept 22 July 1910
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Sept 16, 1910, to Sept 22, 1910, that I last saw him live on Sept 16, 1910, and that death occurred, on the date stated above, at 6 P. m.
The CAUSE OF DEATH* was as follows:
Int. at. Sept 16 1910
Underdosed
159
158 (Duration) _____ yrs. _____ mos. 7 ds.
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) Canada
PARENTS
NAME OF FATHER Bud Haney
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo
MAIDEN NAME OF MOTHER Levin Haney
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

(Signed) Dr. Vincent James M. D.
Sept 22 1910 (Address) Chambers

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Dr. Vincent James
(ADDRESS) Chambers Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
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 _____

Filed 2/16 1910 J. J. Harrison REGISTRAR

PLACE OF BURIAL OR REMOVAL Mirabile, Mo. DATE OF BURIAL 2/22 1910
UNDERTAKER E. L. Fisher ADDRESS Chambers Mo

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.

United States Standard Certificate of Death

[S. Census and American Public Health
Association]

occupation.—Precise statement of occupation, so that the relative health pursuits can be known. The question and every person, irrespective of occupations a single word or term only be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an example is provided for the latter statement; it is to be used only when needed. As examples: (a) *Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material form part of the second statement. *Laborer*, "Foreman," "Manager," without more precise specification, as *Mill laborer*, *Laborer—Coal mine*, etc. who are engaged in the duties of the unpaid *Housekeepers* who receive a salary may be entered as *Housewife*, *Housemaid* and children, not gainfully employed, at home. Care should be taken to record the occupations of persons engaged in or wages, as *Servant*, *Cook*, *Housemaid*. If occupation has been changed or given the DISEASE CAUSING DEATH, state occupation during illness. If retired from business may be indicated thus: *Farmer* (retired) or persons who have no occupation *None*.

cause of death.—Name, first, the DISEASE (the primary affection with remote causation), using always the same name for the same disease. Examples: *Cerebral meningitis*; the only definite synonym is "Epidemic meningitis"; *Diphtheria* (avoid use of *Stript fever* (never report "Typhoid fever pneumonia; *Bronchopneumonia* (qualified, is indefinite); *Tuberculosis*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, 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); *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "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.)

