

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

PLACE OF DEATH

County Osage
Township Crawford
or
Village
or
City (NO. _____) St. _____ Ward _____

Registration District No. 640 File No. 21000
Primary Registration District No. 5849 Registered No. 10

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

FULL NAME

John Wesley Lambeth

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Widowed
(Write the word)

DATE OF BIRTH September 6, 1857
(Month) (Day) (Year)

AGE 59 yrs. 10 mos. 7 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Osage Co.

PARENTS

NAME OF FATHER Daniel Lambeth

BIRTHPLACE OF FATHER (City or town, State or foreign country) Dont know

MAIDEN NAME OF MOTHER Nancy Miller

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed July 15, 1910

J. F. Jones
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 14, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 30, 1910, to July 14, 1910, that I last saw him alive on July 13th, 1910, and that death occurred, on the date stated above, at 2:30 a.m.

The CAUSE OF DEATH* was as follows:

Chronic Brights disease
131

(Duration) 1 yrs. 9 mos. ____ ds.

Contributory Hereditary
(SECONDARY) (Duration) ____ yrs. 16 mos. ____ ds.

(Signed) E. G. Rhodius M. D.
_____, 191____ (Address)

*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

PLACE OF BURIAL OR REMOVAL

Useful Cemetery

DATE OF BURIAL

July 15th 1910

UNDERTAKER

ADDRESS

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 healthiness of various pursuits can be known. The question applies to each and every person, irrespective of

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*, *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 name 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) *Miner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; *Foreman*, (b) *Automobile factory*. The material on the second line may form part of the second statement. For return "Laborer," "Foreman," "Manager," "Miner," etc., without more precise specification, as *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. For men 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*, *Householder*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to re-specify 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 at the time of death, write *None*.

Statement of cause of death.—Name, first, the disease CAUSING DEATH (the primary affection with reference to time and causation), using always the recommended term for the same disease. Examples: *Cerebral fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Typhoid fever* (the only definite synonym is "Typhoid fever"); *Lob pneumonia* (the only definite synonym is "Lob pneumonia"); *Uncomplicated meningitis*, *Uncomplicated meningitis*.

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 of Nomenclature of the American Medical Association.)

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