

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

PLACE OF DEATH

County Jefferson

Township Johnson

Village

City

Registration District No. 421

File No. 24185

Primary Registration District No. 5573

Registered No. 80

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

FULL NAME Infant not named

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Aug 6, 1910
(Month) (Day) (Year)

DATE OF BIRTH Aug 6, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 6, 1910, to Aug 6, 1910, that I last saw him alive on Aug 6, 1910, and that death occurred, on the date stated above, at 9 a.m.
The CAUSE OF DEATH* was as follows:
Very hard didn't close I unable to get circulation established 2 1/2 hours

AGE Infant If LESS than 1 day, 2 hrs. or 1/2 min.?

OCCUPATION (a) Trade, profession, or particular kind of work none 163
(b) General nature of industry, business, or establishment in which employed (or employer) 15

BIRTHPLACE (City or town, State or foreign country) Honolulu

Contributory Hard Labor
(Duration) yrs. mos. ds.

NAME OF FATHER George Drummer

BIRTHPLACE OF FATHER (City or town, State or foreign country) Jefferson Co Mo

MAIDEN NAME OF MOTHER Amber E. Loukom

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Jefferson Co Mo

(Signed) Dr. D. E. Hensley M. D.
Persey M
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Drummer

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

(ADDRESS) Honolulu

Filed Aug 6, 1910, J. E. Rutledge
REGISTRAR

PLACE OF BURIAL OR REMOVAL Sandy Linn yard DATE OF BURIAL Aug 6, 1910
UNDERTAKER none ADDRESS none

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
V. S. 1. 2.

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

1.—Precise statement of occupation, so that the relative health status can be known. The question every person, irrespective of sex, is a single word or term on the certificate, e. g., *Farmer* or *Planter*, *Architect*, *Locomotive engineer*, *Fireman*, etc. But in many special employments, it is necessary to state (a) the nature of work and also (b) the industry, and therefore an example is needed for the latter statement; it is needed. As examples: (a) *Salesman*, (b) *Grocery*; (a) *Mobile factory*. The material is of the second statement. "Foreman," "Manager," are precise specifications, as *Laborer—Coal mine*, etc. engaged in the duties of the *Housekeepers* who receive a certificate as *Housewife*, *House*, *Children*, not gainfully employed. Care should be taken to mention the occupations of persons engaged in, as *Servant*, *Cook*, *House*, if the occupation has been changed or given since CAUSING DEATH, state occasion. If retired from business, indicate thus: *Farmer* (retired) who have no occupation

death.—Name, first, the primary affection with reason, using always the same name for the disease. Examples: *Cerebral meningitis* (indefinite synonym is "Epidemic Meningitis"); *Diphtheria* (avoid use of "Typhoid meningitis"); *Bronchopneumonia* (indefinite synonym is "Typhoid pneumonia"); *Tuberculosis* (avoid use of "Consumption"); *Caecum*, 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.)

