

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

PLACE OF DEATH

County Henry
Township _____
or
Village _____
or
City Windsor (NO. _____ St. _____ Ward _____)

Registration District No. 304
Primary Registration District No. 4211

File No. 37879
Registered No. 25

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

FULL NAME Jas. S. Craft

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH March 2, 1830
(Month) (Day) (Year)

AGE 80 yrs. 9 mos. 9 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) _____

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

NAME OF FATHER Andrew Craft

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

MAIDEN NAME OF MOTHER Rebecca Collins

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. K. Craft

(ADDRESS) Windsor Mo

Filed R-13 1910 27 JUN 7 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 12, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 8, 1910, to Dec 12, 1910, that I last saw him alive on Dec 12, 1910, and that death occurred, on the date stated above, at 1 p.m.

The CAUSE OF DEATH* was as follows:

Nephritis and cystitis

13211
13513 (Duration) 3 yrs. ____ mos. ____ ds.

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

(Signed) J. A. Blackburn M. D. Dec 12, 1910 (Address) Windsor 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 _____

PLACE OF BURIAL OR REMOVAL Windsor Mo DATE OF BURIAL Dec 14, 1910

UNDERTAKER W. E. Huston ADDRESS Windsor Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. No. 2.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
County <u>Henry</u>	Registration District No. <u>354</u>	File No. <u>37879</u>	
Township _____	Primary Registration District No. <u>4211</u>	Registered No. <u>25</u>	
Village _____			
City <u>Windsor</u> (NO. _____) St.: _____ Ward _____			
FULL NAME <u>James S. Craft</u>		[If death occurred in a hospital or institution, give its NAME instead of street and number]	
SEX <u>M</u>	COLOR OR RACE <u>W</u>	DATE OF DEATH <u>12-12-</u> 19 <u>10</u>	
DATE OF BIRTH <u>3/2</u> 18 <u>30</u>		I HEREBY CERTIFY, that I attended deceased from <u>12-8</u> 19 <u>10</u> , to <u>12-12</u> 19 <u>10</u> , that I last saw him alive on " " 19 <u>10</u> , and that death occurred, on the date stated above, at <u>10</u> m.	
AGE <u>80</u> yrs. <u>9</u> mos. <u>9</u> ds.	IF LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Nephritis & Cystitis.</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>NW.</u>		(Duration) <u>3</u> yrs. ___ mos. ___ ds.	
(b) General nature of industry, business, or establishment in which employed (or employer) _____		Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Westmoreland Co. Pa.</u>		(Signed) <u>J. A. Blackmore</u> M.D. <u>12/12/1910</u> (Address) <u>Windsor Mo</u>	
PARENTS NAME OF FATHER <u>Andrew Craft</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>England</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
MAIDEN NAME OF MOTHER <u>Rebecca Collins</u>		At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Pa.</u>		Where was disease contracted If not at place of death? _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. S. Craft</u>		Former or usual residence _____	
(ADDRESS) <u>Windsor Mo</u>		PLACE OF BURIAL OR REMOVAL <u>Windsor Mo</u>	DATE OF BURIAL <u>12/14</u> 19 <u>10</u>
Filed <u>12/13</u> 19 <u>10</u> <u>R. J. Young</u> REGISTRAR		UNDERTAKER <u>W. E. Kenaton</u>	ADDRESS <u>Winston Mo</u>

reg file date DEC All information called for must be written on this Supplementary Certificate.

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 fireman*, 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, peritoneum*, 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.)