

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.

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

PLACE OF DEATH

County Miller  
Township Osage  
or  
Village  
or  
City (NO. \_\_\_\_\_) Ward \_\_\_\_\_

Registration District No. 368 File No. 7165  
Primary Registration District No. 2768 Registered No. \_\_\_\_\_

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

FULL NAME Joel Hicks

PERSONAL AND STATISTICAL PARTICULARS

SEX boy COLOR OR RACE white SINGLE yes  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF BIRTH March 1<sup>st</sup> 1910  
(Month) (Day) (Year)

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

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

BIRTHPLACE (City or town, State or foreign country) Osage Jwp, Miller Co, Mo

PARENTS  
NAME OF FATHER L Davis Hicks  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Miller Co, Mo  
MAIDEN NAME OF MOTHER Bora Shelton  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Miller Co, Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Fred Crissmon  
(ADDRESS) Brays Mo.

FILED Dec 30 1910 J. L. Benage REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30<sup>th</sup>, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 25 Dec., 1910, to 31<sup>st</sup> Dec., 1910, that I last saw her alive on Dec 30<sup>th</sup>, 1910, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH\* was as follows:  
Diphtheritic Group, complicated with Pneumonia  
10  
109H (Duration) yrs. mos. ds.

Contagious (SECONDARY) (Duration) yrs. mos. ds.

(Signed) W. A. Van Gump M. D.  
Dec. 30, 1910 (Address) Ikeva, 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 John Hard Roadside Gramp DATE OF BURIAL Dec. 30, 1910  
UNDERTAKER Geo. Johnston ADDRESS Ikeva

# 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*, *Compositor*, *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 septichaemia," "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.)



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 6

File No. 7165

Primary Registration District No. 5760

Registered No. \_\_\_\_\_

## PLACE OF DEATH

County Miller

Township Osage

or \_\_\_\_\_

Village \_\_\_\_\_

or \_\_\_\_\_

City \_\_\_\_\_

(NO. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

## FULL NAME

Joel Hickey

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>boy</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>yes</u>
DATE OF BIRTH <u>March 11 1910</u> (Month) (Day) (Year)	AGE yrs. <u>10</u> mos. _____ ds. _____ If LESS than 1 day, _____ hrs. or _____ min.?	

## OCCUPATION

(a) Trade, profession, or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer) none

## BIRTHPLACE

(City or town, State or foreign country)  
Osage Twp. Miller Co. Mo.

PARENTS

NAME OF FATHER  
Davis Hickey

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

MAIDEN NAME OF MOTHER  
Cora Shelton

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Fred Crismon

(ADDRESS) Trays Mo

Filed Feb 6th 1911

1911

Dr. P. T. Nixdorf

St. Elizabeth Mo.

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 30th 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 25 Dec 1910, to 30th Dec 1910, that I last saw him alive on Dec 30th 1910, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH\* was as follows:

Diphtheritic croup complicated with Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. A. Von Grump M. D.

Dec 30 1910 (Address) Liberal 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

DATE OF BURIAL

St. Hard Ronden Jan 4th Dec 31 1910

UNDERTAKER

ADDRESS

Geo Johnston Liberal

JAN

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]

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*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 septichaemia," "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.)