

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

PLACE OF DEATH

County Buchanan
Township _____
or
Village _____
or
City St Joseph Mo (NO. 2705 Mitchell Ave) St. _____ Ward _____

Registration District No. 85 File No. 9501
Primary Registration District No. 1001 Registered No. 290

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

FULL NAME Chas. P. Alderman

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH March 30, 1843
(Month) (Day) (Year)

AGE 68 yrs. 0 mos. 0 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Horse Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) 1-08

BIRTHPLACE (City or town, State or foreign country) New Hanover County N.C.

PARENTS
NAME OF FATHER David Alderman
BIRTHPLACE OF FATHER (City or town, State or foreign country) North Carolina
MAIDEN NAME OF MOTHER Mary Amanda Larkin
BIRTHPLACE OF MOTHER (City or town, State or foreign country) North Carolina

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. W. S. Frasier
(ADDRESS) 2205 Mitchell Ave.

Filed March 30, 1911 N B Kelling HEA
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 30, 1911, to Mar 30, 1911, that I last saw him alive on 30th of Mar., 1911, and that death occurred, on the date stated above, at 11:15 a.m.

The CAUSE OF DEATH* was as follows:
Stomach Gastritis
120 B
115
1186 (Duration) 2 mos. 0 ds.

Contributory Acute Diarrhoea
(SECONDARY) (Duration) 6 mos. 6 ds.
(Signed) W. L. Whittington M. D.
Mar 30, 1911 (Address) St Joseph 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 Register Room DATE OF BURIAL Apr 1st, 1911
ADDRESS 2nd St. 8th.
By John W. Harle

-Every 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]

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 neces-

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) *Miner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material mentioned on may form part of the second statement.

For return "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as

laborer, *Farm laborer*, *Laborer—Coal mine*, etc.

Persons 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*, *House-*

mother, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to re-

specify specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *House-*

maid, etc. If the occupation has been changed or given

an account of the DISEASE CAUSING DEATH, state occu-

ation at beginning of illness. If retired from business that fact may be indicated thus: *Farmer* (re-

ti- 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*, *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 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 probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railroad 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.)

