

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 Sarcox, Mo  
County Sarcox  
Township Sarcox Registration District No. 416 File No. 10836  
or  
Village " " Primary Registration District No. 5571B Registered No. 9  
or  
City Sarcox Mo (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Jesse Thomas Melugin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single  
(Write the word)  
DATE OF BIRTH June 16, 1888  
(Month) (Day) (Year)  
AGE 29 yrs. 7 mos. 19 ds. If LESS than 1 day, 2 hrs. or min.?

OCCUPATION (a) Trade, profession, or particular kind of work General Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) 3-07

BIRTHPLACE (City or town, State or foreign country) Sarcox Mo

PARENTS  
NAME OF FATHER Frank Melugin  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Sarcox Mo  
MAIDEN NAME OF MOTHER Katherine Casbolt  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Sarcox Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Frank Melugin  
(ADDRESS) Reeds R.F.D.

Filed Mar 11, 1911 W.A. Rogers  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 5, 1911  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from Jan 1, 1911, to Feb 5, 1911, that I last saw him alive on \_\_\_\_\_, 1911, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Phleal Pneumonia

23A 10X (Duration) yrs. mos. ds.  
Consumption

Contributory (SECONDARY) (Duration) yrs. mos. ds.  
(Signed) \_\_\_\_\_ M. D.  
\_\_\_\_\_ 1911 (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 Harvey Cem. DATE OF BURIAL Feb 6, 1911  
UNDERTAKER W. J. ... ADDRESS Sarcox Mo

# 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, peritonacum*, 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.)



## PLACE OF DEATH

County JasperTownship Barcozie

Village \_\_\_\_\_

City \_\_\_\_\_ (NO \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 416File No. 10836Primary Registration District No. 5571BRegistered No. 9

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

FULL NAME Jesse Thomas Mungin

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |  |
|--|---|--|
| SEX<br><u>M.</u>   | COLOR OR RACE<br><u>W.</u>                        | SINGLE<br>MARRIED<br>WIDOWED<br>OR DIVORCED<br>(Write before word) |
| DATE OF BIRTH<br><u>June 16, 1882</u><br>(Month) (Day) (Year)  | AGE<br><u>28</u> yrs. <u>7</u> mos. <u>19</u> ds. | IF LESS than<br>1 day, ___ hrs.<br>or ___ min.                     |
| OCCUPATION<br>(a) Trade, profession, particular kind of work<br><u>General Occupations</u><br>(b) General nature of industry, business, or establishment in which employed (or employer) |   |  |

BIRTHPLACE  
(City or town, State or foreign country)  
Barcozie, W. Va.

|         |   |
|---------|---|
| PARENTS | NAME OF FATHER<br><u>Frank Mungin</u>   |
|         | BIRTHPLACE OF FATHER<br>(City or town, State or foreign country)<br><u>Barcozie, W. Va.</u> |
|         | MAIDEN NAME OF MOTHER<br><u>Catherine Parsholt</u>  |
|         | BIRTHPLACE OF MOTHER<br>(City or town, State or foreign country)<br><u>Jasper, Co.</u>      |

THE ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Frank Mungin  
(ADDRESS) W. Va. P. O. F. R.

Filed April 10, 1911  
REGISTRAR W. C. Spencer

Original file, date \_\_\_\_\_, 19\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 5, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 1, 1911, to Feb. 5, 1911, that I last saw him alive on \_\_\_\_\_, 1911, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH was as follows:  
Pleural Pneumonia.

(Duration) yrs. mos. ds.

Contributory Consumption  
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) D. W. Kisk by W. C. Spencer M. D.  
5/10/11 (Address) Carcozie, W. Va.

\*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 Barcozie Cem. DATE OF BURIAL Feb 6, 1911

UNDERTAKER W. C. Spencer ADDRESS Carcozie, W. Va.

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 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.)