

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

PLACE OF DEATH

County Boles

Township Homer

Village Amoret

City _____ (NO. _____)

Registration District No. 48

Primary Registration District No. 5072

File No. 18888

Registered No. 1

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

FULL NAME William Gannoy

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH April 10, 1911
(Month) (Day) (Year)

DATE OF BIRTH March 25, 1846
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 1st April, 1911, to 10, 1911,

AGE 66 yrs. 16 mos. 16 ds. If LESS than 1 day, ___ hrs. or ___ min.?

that I last saw h 10 alive on Apr 10, 1911, and that death occurred, on the date stated above, at 11 P.M.

OCCUPATION (a) Trade, profession, or particular kind of work Farmer

The CAUSE OF DEATH* was as follows:

(b) General nature of industry, business, or establishment in which employed (or employer) 1-0-2

Rural, Penna

BIRTHPLACE (City or town, State or foreign country) Commercial Ind.

(Duration) 10 yrs. 10 mos. 10 ds.

NAME OF FATHER W. G. Gannoy

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

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

(Signed) D. J. Roberts M. D. (Address) Amoret

MAIDEN NAME OF MOTHER Williamson

*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 MOTHER (City or town, State or foreign country) Commercial Ind.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(Informant) W. Kramer

Where was disease contracted if not at place of death?

(ADDRESS) Amoret Mo

Former or usual residence Amoret Mo

Filed May 5, 1911

PLACE OF BURIAL OR REMOVAL Jackson Cemetery DATE OF BURIAL April 11 1911

UNDERTAKER Joe Murray ADDRESS Amoret Mo

REGISTRAR

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]

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*, *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.)



County Bates Registration District No. 48 File No. 16888
 Township Amoret or Village _____ Primary Registration District No. 5072 Registered No. 1
 City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME William Conway

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>Divorced</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>April 10</u> , 191 <u>1</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>March 25</u> , 18 <u>45</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>April</u> , 191 <u>1</u> , to <u>10</u> , 191 <u>1</u> , that I last saw him alive on <u>April 10</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>11.9</u> a.m.	
AGE <u>66</u> yrs. <u>16</u> mos. <u>16</u> ds.	If LESS than 1 day, _____ hrs. or _____ min.?		The CAUSE OF DEATH* was as follows: <u>Penal Pneumonia</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			(Duration) _____ yrs. _____ mos. <u>10</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Commenville Ind.</u>			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. <u>10</u> ds.	
PARENTS	NAME OF FATHER <u>Maerch Conway</u>		(Signed) <u>D. J. Brails</u> M. D. <u>April 1911</u> (Address) <u>Amoret</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Unknown</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Unknown</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Commenville Ind.</u>		Where was disease contracted if not at place of death? Former or usual residence <u>Amoret Mo.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>A. M. Crayner</u> <u>Amoret Mo.</u> (ADDRESS) <u>A. M. Crayner</u>			PLACE OF BURIAL OR REMOVAL <u>Jackson Cemetery</u>	
Filed <u>May 5</u> 191 <u>1</u> <u>W. C. Postaw</u> REGISTRAR			DATE OF BURIAL <u>Apr. 11, 1911</u>	
Original file, date <u>May 5</u> 191 <u>1</u>			ADDRESS <u>Amoret Mo.</u>	

APP

Revised United States Standard Certificate of Death

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

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