

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County Wright

Township Wahbren

OR

Village Dawson

OR

City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 904

File No. 20179

Primary Registration District No. 6219

Registered No. 32

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

FULL NAME

John J. Attrip

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Feb. 15th 1843 (Month) (Day) (Year)

AGE 68 yrs. 2 mos. 8 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

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

(b) General nature of industry, business, or establishment in which employed (or employer) 1-1000 3

BIRTHPLACE (City or town, State or foreign country) Tennessee

PARENTS NAME OF FATHER John J. Attrip BIRTHPLACE OF FATHER (City or town, State or foreign country) Feb 15th MAIDEN NAME OF MOTHER BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Attrip

(ADDRESS) Dawson

Filed May 12 1911 James M. Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 13th 1911, to Mar 9th 1911, that I last saw him alive on March 9 1911, and that death occurred, on the date stated above, at 2 a m. The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs + Stomach (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds. (Signed) J. J. Evans M. D. April 23 1911 (Address) Manes 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 Raybon Cemetery DATE OF BURIAL April 24 1911 UNDERTAKER J. W. Hughes ADDRESS Raybon

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 ~~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.)



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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Wright
Township Vann Buren
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 906 File No. 20779
Primary Registration District No. 6219 Registered No. 32

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

FULL NAME

John J. Atnip

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Feb-15, 1843
(Month) (Day) (Year)

AGE 68 yrs. 2 mos. 8 ds. IF LESS than
1 day, _____ hrs. or _____ min.

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

BIRTHPLACE
(City or town, _____
State or foreign country) Tennessee

PARENTS
NAME OF FATHER John J. Atnip
BIRTHPLACE OF FATHER Dawn
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Josephine Culip
BIRTHPLACE OF MOTHER Not known
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Atnip
(ADDRESS) Dawn

Filed July 29, 1911 James M. Lewis
REGISTRAR

Original file, date May, 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 23, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Jan. 13, 1911, to Mar. 9, 1911,
that I last saw him alive on _____, 1911,
and that death occurred, on the date stated above, at 29 a.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs &
Stomach

(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) J. J. Evans M. D.
April 23 1911 (Address) Marion 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 Rainbow Cemetery DATE OF BURIAL Apr. 24, 1911

UNDERTAKER J. W. Hughes ADDRESS Naylor

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.)