

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

PLACE OF DEATH

County Boyer
Township Boyer
or
Village
or
City 11 (NO. _____ St. _____ Ward _____)

Registration District No. 909 File No. 20183
Primary Registration District No. 6224 Registered No. 5

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

FULL NAME

David Riley Jamerson

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) mailed
DATE OF BIRTH Feb 1, 1834
(Month) (Day) (Year)
AGE 77 yrs. 3 mos. 3 ds. If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work Farmess 13257
(b) General nature of industry, business, or establishment in which employed (or employer) 1-10-11

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 1, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 23, 1911, to May 1, 1911, that I last saw him alive on May 1, 1911, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:
1911 Blood Poison
Result of cat scratch

BIRTHPLACE (City or town, State or foreign country) Palmyra Indiana
PARENTS
NAME OF FATHER John Jamerson
BIRTHPLACE OF FATHER (City or town, State or foreign country) Indiana
MAIDEN NAME OF MOTHER Mary Jamerson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) unknown

(Duration) ___ yrs. ___ mos. 7 ds.
Contributory nephritis
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. V. Hough M. D.
May 1, 1911 (Address) Gravespring 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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. V. Hough
(ADDRESS) Gravespring Mo.
Filed May 2, 1911 D. D. Smith
REGISTRAR

PLACE OF BURIAL OR REMOVAL Little Creek Cemetery
DATE OF BURIAL May 2, 1911
UNDERTAKER Archie Eaton
ADDRESS Hartsville Mo.

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*, *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 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 RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

County Wright
Township Boone
or
Village
or
City (NO. _____ St.: _____ Ward)

Registration District No. 909 File No. 20783
Primary Registration District No. 6224 Registered No. 5

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

FULL NAME

David Rily Jamison

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>
DATE OF BIRTH <u>Feb</u> - <u>1</u> , <u>1834</u> (Month) (Day) (Year)		
AGE <u>77</u> yrs. <u>3</u> mos. <u>3</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?		
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)		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
May 1, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 25, 1911, to May 1, 1911, that I last saw him alive on " " , 1911, and that death occurred, on the date stated above, at 8:30 a.m.

The CAUSE OF DEATH* was as follows:
Blood poison
Result of a cat scratch

BIRTHPLACE (City or town, State or foreign country) Palmira, Indiana

PARENTS	NAME OF FATHER <u>John Jamison</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Indiana</u>
	MAIDEN NAME OF MOTHER <u>Mary Anderson</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Unknown</u>

(Duration) ___ yrs. ___ mos. 7 ds.
Contributory (SECONDARY) nephritis
(Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. V. Stough M. D.
May 1, 1911 (Address) Grove Spring Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. V. Stough
(ADDRESS) Grove Spring

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 Little Creek Cemetery DATE OF BURIAL May 2, 1911
UNDERTAKER Orlie Eaton ADDRESS Hartsville Mo.

Filed July 3, 1911 Dr. M. Smith REGISTRAR

Original file, date May 2, 1911

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.)