

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

PLACE OF DEATH
County Buchanan
Township _____
or
Village _____
or
City St. Joseph (NO. St. Joseph Hosp. for S.H.V. St.: _____ Ward)

Registration District No. 85 File No. 27432
Primary Registration District No. 1001 Registered No. 638

FULL NAME Archibald Tanner

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

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Unknown Nat., 1869
(Month) (Day) (Year)

AGE 42 yrs. Nat. mos. unk. ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

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

NAME OF FATHER Unk.

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

MAIDEN NAME OF MOTHER Unk.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unk.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. H. Trumbly M.D.
(ADDRESS) St. Joseph Mo.

Filed Aug 5 1911 W.B. Telling REGISTRAR
By J. W. Kelly

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 5th 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 1st, 1911, to Aug 4th, 1911, that I last saw him alive on Aug 4th, 1911, and that death occurred, on the date stated above, at 5:45 P.M.
The CAUSE OF DEATH* was as follows:

83 61 67 67
Marital Exhaustion
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory General Paralysis
(SECONDARY) (Duration) Unk. mos. _____ ds.

(Signed) E. H. Trumbly M. D.
Aug 5th 1911 (Address) St. Joseph

*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. 37 ds. In the Unknown State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death?

Former or usual residence Kansas City Mo.

PLACE OF BURIAL OR REMOVAL Kansas City Mo. DATE OF BURIAL Aug 6 1911

HEATON UNDERTAKING CO. ADDRESS W. B. Telling
By J. W. Kelly

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*, *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.)



PLACE OF DEATH

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

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

County Buchanan

Township _____
or
Village St. Joseph
or
City St. Joseph (NO. _____)

Registration District No. 85

File No. _____

Primary Registration District No. 1001

Registered No. 638

St. _____ Ward _____

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

FULL NAME Richard Tanner

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OF RACE white SINGLE MARRIED WIDOWED OR married

DATE OF DEATH Aug 5, 1911
(Month) (Day) (Year)

DATE OF BIRTH Unknown 1869
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 1, 1911, to Aug 4, 1911.

AGE 42 yrs. If LESS than day, hrs. or min. Unknown

that I last saw him alive on Aug 4, 1911, and that death occurred, on the date stated above, at 5:45 pm.

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

THE CAUSE OF DEATH* was as follows:
Marineal Exhaustion

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

Contributory (Duration) 6 mos. 6 ds.

NAME OF FATHER Unknown

(SECONDARY) General Paralysis

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

(Duration) Unknown ds.
(Signed) G. H. Crowder M. D.

MAIDEN NAME OF MOTHER Unknown

8-5, 1911 (Address) St. Joseph

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

*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

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

(Informant) C. H. Lambie MD

At place of death 37 yrs. 37 mos. 37 ds. In the State of Unknown yrs. Unknown mos. Unknown ds.

(ADDRESS) St. Joseph, Mo.

Where was disease contracted If not at place of death Unknown

Filed Oct 4, 1911 H. B. Keeling REGISTRAR

Former or usual residence Kansas City, Mo.

PLACE OF BURIAL OR REMOVAL Kansas City, Mo. DATE OF BURIAL 8-6, 1911

UNDERTAKER J. H. Park ADDRESS 224 So 8th

AUG

Original file. date _____, 19_____

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.)

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