

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

PLACE OF DEATH

County Jefferson
Township Waller
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 420

File No. 28618

Primary Registration District No. 5574

Registered No. 99

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

FULL NAME Austin F Hood

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE American SINGLE Single
MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH January 17, 1898
(Month) (Day) (Year)

AGE 13 yrs. 7 mos. 9 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Near Doto Mo

NAME OF FATHER James R Hood

BIRTHPLACE OF FATHER (City or town, State or foreign country) Near Doto Mo

MAIDEN NAME OF MOTHER Mariwilda Hickey

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Near Hillsboro Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) James R. Hood

(ADDRESS) Doto Mo

Filed 8/2 1911 Elmer Kempe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 26, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Aug 24, 1911, to Aug 26, 1911, that I last saw him alive on Aug 24, 1911 and that death occurred, on the date stated above, at 6:10 P.M.

The CAUSE OF DEATH* was as follows:
30 Congestive Kidney
and bronch.
120
(Duration) ___ yrs. ___ mos. ___ ds.

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

(Signed) C. C. Orrell M. D.
Aug 27, 1911 (Address) Doto 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 Lucky Cemetery DATE OF BURIAL Aug 27, 1911

UNDERTAKER R. C. Wall Bon ADDRESS Doto 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*, *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 RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Jefferson
Township Valle

Registration District No. 420 File No. _____

Village _____ Primary Registration District No. 5574 Registered No. 99

City _____ (NO _____) St. _____ Ward _____

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

FULL NAME Austin J Wood

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE <u>1</u> MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Jan'y 17 1898</u> (Month) (Day) (Year)	AGE <u>13 yrs 7 mos 9 ds</u> IF LESS than 1 day, hrs or mins	

DATE OF DEATH 8-26 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 8-24, 1911, to 8-26, 1911, that I last saw him alive on 8-26, 1911, and that death occurred, on the date stated above, at 6:10 P m.

The CAUSE OF DEATH* was as follows:
Congestion of Kidney and Lungs

Nephritis
Contributory
(Duration) yrs. mos. ds.
(Signed) C. C. Greenell M. D.
8-27, 1911 (Address) Desoto Mo

OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
None

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

PARENTS	NAME OF FATHER <u>James Wood</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Desoto Mo</u>
	MAIDEN NAME OF MOTHER <u>Margaret Tucker</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Desoto Mo</u>

*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) James R. Wood
(ADDRESS) Desoto

PLACE OF BURIAL OR REMOVAL
Desoto Cem

DATE OF BURIAL
8-27, 1911

Filed 9/29 1911 Ermer Kempe
REGISTRAR

UNDERTAKER
Worrell & Son

ADDRESS
Desoto Mo

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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