

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

PLACE OF DEATH
County Montgomery
Township Papine
or
Village Sumner Mo
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 591 File No. 32088
Primary Registration District No. 5789 Registered No. 17

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

FULL NAME George Washington Morris

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE married
MARRIED WIDOWED OR DIVORCED (If write the word)

DATE OF BIRTH January 1, 1850
(Month) (Day) (Year)

AGE 81 yrs 8 mos 8 ds. IF LESS than 1 day, 4 hrs. or 1 min.?

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

BIRTHPLACE (City or town, State or foreign country) Winston North Carolina

PARENTS
NAME OF FATHER Jesse Morris
BIRTHPLACE OF FATHER Winston N.C.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Marcy Hull
BIRTHPLACE OF MOTHER Winston N.C.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse E. Morris
(ADDRESS) Sumner Mo

Filed Sept 11, 1911 W. H. Miller REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 8, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 1, 1911, to Sept 7, 1911, that I last saw him alive on Sept 7, 1911, and that death occurred, on the date stated above, at 3:30 P.M.

The CAUSE OF DEATH* was as follows:

102 137 13213
114
Contributory age & Potatoes
(SECONDARY) (Duration) 1 yrs. 1 mos. 8 ds.
(Signed) J. E. Conner M. D.
Sept 8, 1911 (Address) Sumner 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 Brushcreek Cem. DATE OF BURIAL Sept 9, 1911
UNDERTAKER Crawford Murphy ADDRESS Belflower 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*, *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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

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

County Montgomery
 Township Prague
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward)

Registration District No. 591 File No. _____
 Primary Registration District No. 5789 Registered No. 12

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

FULL NAME Geo Washington Moore

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE Married
 MARRIED WIDOWED OR DIVORCED (Write the word)
 DATE OF BIRTH 1-1-1830
 (Month) (Day) (Year)
 AGE 81 yrs. 8 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) _____

DATE OF DEATH 9-8-1911
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from 9-1-1911 to 9-7-1911,
 that I last saw him alive on 9-7-1911,
 and that death occurred, on the date stated above, at 1:30 P m.

The CAUSE OF DEATH* was as follows:
Acute Nephria

BIRTHPLACE (City or town, State or foreign country) Winston, N. C.
 (Duration) _____ yrs. _____ mos. _____ ds.
 NAME OF FATHER Jose Moore
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Winston, N. C.
 MAIDEN NAME OF MOTHER Nancy Dull
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Winston N. C.

Contributory Apix Prostate
 (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) Geo W Moore M. D.
9-8-1911 (Address) Winston N. C.

*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. E. Moore
 (ADDRESS) Winston, N. C.

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 _____

Filed Sept 10 1911 W. H. Miller
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Brush Creek DATE OF BURIAL 9-9-1911
 UNDERTAKER Crawford & Murphy ADDRESS Beaufort

Original file, date 9-10-1911 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.)

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