

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

PLACE OF DEATH

County Pike
Township Calumet
Village _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 685 File No. 32295
Primary Registration District No. 590913 Registered No. 33

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

FULL NAME James M. Cornick Jr.

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH 11 - 12, 1909
(Month) (Day) (Year)

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

OCCUPATION (a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) 0112B

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

PARENTS
NAME OF FATHER James M. Cornick
BIRTHPLACE OF FATHER (City or town, State or foreign country) Clarksville
MAIDEN NAME OF MOTHER Keladene Harris
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lincoln Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harrison Harris
(ADDRESS) Paynesville

Filed Sept 1 1911 W. Roadway REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 12, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July, 1911, to Aug 12, 1911, that I last saw him alive on Aug 11, 1911, and that death occurred, on the date stated above, at 11:30 A.M.

The CAUSE OF DEATH* was as follows:
Exhaustion following
overwork
Contributory None
(Duration) ___ yrs. ___ mos. 4 ds.

(Signed) Chas. B. Smith M.D.
Aug 13 1911 (Address) Paynesville

*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 9 mos. — ds. In the State 9 mos. — ds.
Where was disease contracted if not at place of death? at Place of Death
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Rainey Creek DATE OF BURIAL Aug 13, 1911
UNDERTAKER Dooh Buchanan ADDRESS Colia, Mo

Every item of information should be carefully supplied. It should be stated EXACTLY. OCCUPATION should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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, 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 Osage
 Township Calumet
 or _____
 Village _____
 or _____
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 685 File No. 2
 Primary Registration District No. 2909B Registered No. 33

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

FULL NAME James M. McCormack

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED Single
(# rite the word)

DATE OF BIRTH 11-17-1909
(Month) (Day) (Year)

AGE 1 yrs. 9 mos. ds. If LESS than 1 day, _____ hrs. or _____ min.

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 8-12-1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July, 1911, to 8-12, 1911,
 that I last saw deceased alive on 8/11, 1911,
 and that death occurred, on the date stated above, at 11:30 a.m.

The CAUSE OF DEATH* was as follows:
Exhaustion from diarrhoea following inflammation of the bowels caused by indigestion.

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

NAME OF FATHER James M. McCormack

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

MAIDEN NAME OF MOTHER Queen Harris

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

Contributory Hot weather
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) John S. Bunch M. D.
8-13-1911 (Address) Paynesville

*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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Queen Harris
 (ADDRESS) Paynesville
441 X 1911 _____ REGISTRAR

Where was disease contracted If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Rauscy Creek DATE OF BURIAL 8-13-1911

UNDERTAKER Woods & Buchanan ADDRESS Colo Mo

Original file date 9-1-11 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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