

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

PLACE OF DEATH
County Gentry
Township Argo
or
Village
or
City Albany (NO. _____)

Registration District No. 309 File No. 27598
Primary Registration District No. 485 Registered No. 54
St.: 4th Ward

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

FULL NAME Benjamin J. Gott.

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Jan. 28, 1842
(Month) (Day) (Year)

AGE 69 yrs. 9 mos. 27 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Farmer retired 10 yrs
(b) General nature of industry, business, or establishment in which employed (or employer) none

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

PARENTS
NAME OF FATHER Alfred Gott.
BIRTHPLACE OF FATHER (City or town, State or foreign country) Leona
MAIDEN NAME OF MOTHER Anna Prigmore.
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Leona

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Richard Gott.
(ADDRESS) Albany Mo.

Filed _____ 191__ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 25, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 16, 1911, to Nov. 25, 1911, that I last saw him alive on Nov. 25, 1911, and that death occurred, on the date stated above, at 11:30 AM. The CAUSE OF DEATH* was as follows:

Senility
4 1/2

(Duration) ___ yrs. ___ mos. ___ ds.

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

(Signed) T. J. Bishop M. D.
Nov. 27, 1911 (Address) Albany 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 Horton Ametary DATE OF BURIAL Nov. 27, 1911

UNDERTAKER H. N. Bare ADDRESS Albany 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*, *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.)



PLACE OF DEATH

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Genesee

Township _____
or
Village _____
or
City Albany (NO. _____)

Registration District No. 309

File No. _____

Primary Registration District No. 4185

Registered No. 3-4

St. 4 Ward _____

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

FULL NAME

Benjamin F. Gott

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX m. COLOR OR RACE wh. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) m.

DATE OF DEATH Nov 25, 1911
(Month) (Day) (Year)

DATE OF BIRTH Jan 28, 1842
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 16, 1911, to Nov 25, 1911, that I last saw him alive on Nov 25, 1911, and that death occurred, on the date stated above, at 11:20 a.m.

AGE 69 yrs. 9 mos. 27 ds. IF LESS than 1 day, hrs. or migs.

The CAUSE OF DEATH* was as follows:
Senility

OCCUPATION (a) Trade, profession, or particular kind of work Farmer retired
(b) General nature of industry, business, or establishment in which employed (or employer) 10 yrs.

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

(Duration) _____ yrs. _____ mos. _____ ds.

PARENTS NAME OF FATHER Alfred Gott

Contributory (SECONDARY) _____

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

(Duration) _____ yrs. _____ mos. _____ ds.

MAIDEN NAME OF MOTHER Anna Prigma

(Signed) J. P. Bishop M. D.
Nov 27, 1911 (Address) Albany Mo.

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

*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) Richard Gott

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

(ADDRESS) Albany Mo.

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

Filed Nov 27, 1911 M. T. Martin REGISTRAR

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Hinton Cem DATE OF BURIAL Nov 27, 1911

UNDERTAKER H. M. Bare ADDRESS Albany Mo.

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 septichaemia," "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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