

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH

County Dewis
Township Lyon
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 483 File No. 38376
Primary Registration District No. 5647 Registered No. 17

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

FULL NAME Joseph P. Bland

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Sept 11, 1838
(Month) (Day) (Year)

AGE 73 yrs. 2 mos. 3 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

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

PARENTS
NAME OF FATHER Bryan Bland
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.
MAIDEN NAME OF MOTHER Margaret Biddle
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. H. Bland
(ADDRESS) Canton Mo

Filed Nov. 15, 1911

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov - 14, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 24, 1911, to Nov 14, 1911, that I last saw him alive on Nov - 14, 1911, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:
Cronic Intestinal
Oepluitis
131
1373 (Duration) 3 yrs. 2 mos. 2 ds.

Contributory Arterio Sclerosis
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) C. O. Planks M. D.
Nov - 14, 1911 (Address) Canton

*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 50 yrs. ___ mos. ___ ds. In the 23 yrs. ___ mos. ___ ds. of death
Where was disease contracted if not at place of death? at Place of death
Former or usual residence Bergerman Mo.

PLACE OF BURIAL OR REMOVAL Canton Mo. DATE OF BURIAL Nov - 16, 1911

UNDERTAKER J. B. McPritch ADDRESS Canton 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*, *peritonacum*, 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

County Lewis
Township Lyon
Village
City

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

Registration District No. 483

File No.

Primary Registration District No. 5647

Registered No. 17

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

FULL NAME Joseph P. Bland

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWER OR DIVORCED widower
(If wife the word)

DATE OF DEATH Nov 14, 1911
(Month) (Day) (Year)

DATE OF BIRTH Sept 11, 1838
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Oct 24, 1911, to Nov 14, 1911, that I last saw him alive on Nov 14, 1911, and that death occurred, on the date stated above, at 4 P. m.

AGE 73 yrs. 2 mos. 3 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

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

(Duration) 3 yrs. mos. ds.

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

Contributory Uremic Abortion
(SECONDARY)

NAME OF FATHER Bryan Bland

(Duration) yrs. mos. ds. 14

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

(Signed) C. O. Shank M. D.
Nov 15 1911 (Address) Canton

MAIDEN NAME OF MOTHER Margaret Briddle

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. H. Bland

At place of death 5 yrs. mos. ds. In the 3 yrs. mos. ds. State

(ADDRESS) Canton Mo.

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

Former or usual residence Benjamin Mo.

Filed Jan 1 1912 P. W. Jennings REGISTRAR

PLACE OF BURIAL OR REMOVAL Canton Mo DATE OF BURIAL Nov 16, 1911

UNDERTAKER J. B. McCutcher ADDRESS Canton 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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