

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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

729

PLACE OF DEATH  
County DeKalb  
Township Dallas  
or  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 926 File No. 1  
Primary Registration District No. 5366 Registered No. 1

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

FULL NAME Johnson & Crabill

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Sept 3, 1856  
(Month) (Day) (Year)

AGE 57 yrs. 4 mos. 17 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) 1-02

BIRTHPLACE  
(City or town, State or foreign country) Whitney Co Ohio

PARENTS  
NAME OF FATHER Jacob S Crabill  
BIRTHPLACE OF FATHER Va.  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Abigail McChesney  
BIRTHPLACE OF MOTHER Ohio  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Geo S Crabill

(ADDRESS) Backs City Kas  
Filed Jan 20, 1912 John Clarke  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 20, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 10, 1912, to Jan 20, 1912, that I last saw him alive on Jan 20, 1912, and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia Fever  
108  
92  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Hugh Patton M. D.  
Jan 20, 1912 (Address) Mc Hall 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 Green Ridge  
DATE OF BURIAL Jan 21, 1912  
UNDERTAKER E E Dehart  
ADDRESS Weatherly 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*, *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.)



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| PLACE OF DEATH   |                       |   | REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.   |      | MISSOURI STATE BOARD OF HEALTH<br>BUREAU OF VITAL STATISTICS<br>CERTIFICATE OF DEATH |       |
|--|-----------------------|---|--|------|--|-------|
| County   | De Kalb               |   | Registration District No.  | 926  | File No.   | 729   |
| Township   | Dallas                |   | Primary Registration District No.  | 5366 | Registered No.   | 1     |
| or   |                       |   |  |      |  |       |
| Village  |                       |   |  |      |  |       |
| or   |                       |   |  |      |  |       |
| City   |                       |   | (NO.)  |      | St.;   | Ward) |
| FULL NAME  |                       |   | Johnson L. Crabill   |      |  |       |
| PERSONAL AND STATISTICAL PARTICULARS   |                       |   | MEDICAL CERTIFICATE OF DEATH   |      |  |       |
| SEX  | COLOR OF RACE         | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) | DATE OF DEATH  |      |  |       |
| male   | white                 | married   | Jan 20, 1912   |      |  |       |
| DATE OF BIRTH  |                       |   | I HEREBY CERTIFY, that I attended deceased from Jan 10, 1912, to Jan 20, 1912, that I last saw him alive on Jan 20, 1912, and that death occurred, on the date stated above, at 9 a.m. The CAUSE OF DEATH* was as follows: |      |  |       |
| AGE  |                       |   | Global Pneumonia   |      |  |       |
| OCCUPATION   |                       |   | (Duration) yrs. mos. 10 ds.  |      |  |       |
| (a) Trade, profession, or particular kind of work  |                       |   | Contributory   |      |  |       |
| (b) General nature of industry, business, or establishment in which employed (or employer) |                       |   | (SECONDARY)  |      |  |       |
| BIRTHPLACE   |                       |   | (Duration) yrs. mos. ds.   |      |  |       |
| (City or town, State or foreign country)   |                       |   | (Signed) X H. J. Patton M. D.  |      |  |       |
| PARENTS  | NAME OF FATHER        | Whitney Co. Ohio                                    | March 13, 1912 (Address) Mc Fall Mo  |      |  |       |
|  | BIRTHPLACE OF FATHER  | Jacob S. Crabill                                    | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  |      |  |       |
|  | MAIDEN NAME OF MOTHER | Whiggin McChine                                     | LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)   |      |  |       |
|  | BIRTHPLACE OF MOTHER  | Ohio  | At place of death yrs. mos. ds. In the State yrs. mos. ds.   |      |  |       |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  |                       |   | Where was disease contracted if not at place of death?   |      |  |       |
| (Informant)  |                       |   | Former or usual residence  |      |  |       |
| Geo S Crabill  |                       |   | PLACE OF BURIAL OR REMOVAL   |      |  |       |
| (ADDRESS)  |                       |   | Green Ridge Jan 21, 1912   |      |  |       |
| March 14, 1912   |                       |   | UNDERTAKER   |      |  |       |
| John Clark   |                       |   | E. E. De Hart Weatherly No   |      |  |       |
| REGISTRAR  |                       |   | ADDRESS  |      |  |       |

JAN

X All information called for must be written on this Supplementary Certificate.

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