

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

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

PLACE OF DEATH  
County Henry  
Township \_\_\_\_\_ or Village \_\_\_\_\_ or City Windsor (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registration District No. 354 File No. 1002  
Primary Registration District No. 4211 Registered No. 7

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

FULL NAME James Walter Mean Jr.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>Wht</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)	DATE OF DEATH <u>Jan 29</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>April 20, 1911</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Jan 27, 1912</u> , to <u>Jan 29, 1912</u> , that I last saw him alive on <u>Jan 27, 1912</u> , and that death occurred, on the date stated above, at <u>2</u> m. The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>108</u> (Duration) yrs. mos. ds.	
AGE yrs. <u>9</u> mos. <u>9</u> ds. IF LESS than 1 day, ____ hrs. or ____ min.?			Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) <u>J. C. Moffet</u> D.M. <u>2-29-1912</u> (Address) <u>Windsor</u>	
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE (City or town, State or foreign country) <u>Excelsior Spring Mo.</u>			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 _____	
PARENTS	NAME OF FATHER <u>James W. Mean</u>		PLACE OF BURIAL OR REMOVAL <u>Excelsior Spring Mo.</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Clay Co. Mo.</u>		DATE OF BURIAL <u>Jan 31, 1912</u>	
	MAIDEN NAME OF MOTHER <u>Eppie Morgan</u>		UNDERTAKER <u>W. E. Holston</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ray Co. Mo.</u>		ADDRESS <u>Windsor Mo.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Eppie Morgan Mean</u> (ADDRESS) <u>Excelsior Spring Mo.</u>			FILED <u>Jan 30</u> 191 <u>2</u> By <u>R. Cunningham</u> REGISTRAR	

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.

# 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," "Inapition," "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

County Henry  
 Township \_\_\_\_\_  
 or  
 Village \_\_\_\_\_  
 or  
 City Mindsor (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

Registration District No. 35-4 File No. 1002  
 Primary Registration District No. 4211 Registered No. 7

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

FULL NAME

James Walter Near Jr

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>S</u> (Write the word)
DATE OF BIRTH <u>Apr 20</u> , 1911 (Month) (Day) (Year)		
AGE <u>9</u> yrs. <u>9</u> mos. <u>9</u> ds.		If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Excelsior Springs, Mo.</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
Jan 29, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 27, 1912, to Jan 29, 1912, that I last saw the decedent on Jan 29, 1912, and that death occurred, on the date stated above, at X m. The CAUSE OF DEATH\* was as follows:  
Lobar Pneumonia

Contributory (SECONDARY)  
TC Mph 20  
(Signed) F-29, 1912 (Address) Mindsor Mo.

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

PARENTS

NAME OF FATHER <u>James N. Near</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Clay Co, Mo.</u>
MAIDEN NAME OF MOTHER <u>Effie Morgan</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ray Co, Mo.</u>

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 \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.  
 (Informant) Effie Morgan Near  
 (ADDRESS) Excelsior Springs  
 Filed Jan 30, 1912 REGISTRAR

PLACE OF BURIAL OR REMOVAL  
Excelsior Springs  
 DATE OF BURIAL  
Jan 31, 1912  
 UNDERTAKER  
N. E. Huster  
 ADDRESS  
Mindsor Mo.

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

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[Approved by U. S. Census and American Public Health  
Association]

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