

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	Howard		Registration District No.	377	File No.	1035
Township	Boonsbrook		Primary Registration District No.	4221	Registered No.	1
or	Boonsbro					
Village	Boonsbro					
or	+					
City	+		(No.)		St.:	Ward)
FULL NAME <i>John Howard Shipp</i>						
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)		DATE OF DEATH		
Male	White	Married		January 9 <sup>th</sup> 1912 (Month) (Day) (Year)		
DATE OF BIRTH				I HEREBY CERTIFY that I attended deceased from		
October 20, 1829 (Month) (Day) (Year)				January 3, 1912, to January 9 <sup>th</sup> , 1912,		
AGE				that I last saw him alive on January 9 <sup>th</sup> , 1912,		
82 yrs. 2 mos. 21 ds.				and that death occurred, on the date stated above, at 10 P.M.		
OCCUPATION				The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work <i>Farmer</i>				<i>Dyspnoea</i>		
(b) General nature of industry, business, or establishment in which employed (or employer) <i>1-02</i>				<i>107A</i>		
BIRTHPLACE				(Duration) yrs. mos. ds.		
(City or town, State or foreign country) <i>Howard Co Mo</i>				Contributory <i>Pneumonia fever</i>		
NAME OF FATHER <i>John Howard Shipp</i>				(SECONDARY) (Duration) yrs. mos. 7 ds.		
BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Ky</i>				(Signed) <i>J. C. Thompson, M. D.</i>		
MAIDEN NAME OF MOTHER <i>Polly Stephenson</i>				January 1912 (Address) <i>Boonsbro, Mo.</i>		
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Ky.</i>				*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) <i>S. B. Shipp</i>				At place of death yrs. mos. ds. In the State yrs. mos. ds.		
(ADDRESS) <i>Boonsbro</i>				Where was disease contracted "If not at place of death?"		
Filed <i>Jan 10<sup>th</sup> 1912</i> <i>Thos Finn</i> REGISTRAR				Former or usual residence		
				PLACE OF BURIAL OR REMOVAL		
				<i>Boonsbro</i>		
				DATE OF BURIAL		
				<i>Jan 10<sup>th</sup> 1912</i>		
				UNDERTAKER		
				<i>W. W. Whyte</i>		
				ADDRESS		
				<i>Fayette</i>		

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

# 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) affections 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.)



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

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

PLACE OF DEATH \_\_\_\_\_  
 County Howard  
 Township \_\_\_\_\_  
 or Village Boonesboro  
 or City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward) \_\_\_\_\_  
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 Registration District No. 377 File No. 1035  
 Primary Registration District No. 4221 Registered No. 1  
 FULL NAME John Howard Shipp [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) M  
 DATE OF BIRTH Oct 20, 1879  
 (Month) (Day) (Year)  
 AGE 82 yrs. 2 mos. 21 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) \_\_\_\_\_  
 BIRTHPLACE (City or town, State or foreign country) Howard Co., Mo.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 9, 1912  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from Jan 3, 1912, to Jan 9, 1912, that I last saw him on Jan 9, 1912, and that death occurred, on the date stated above, at 10 P. m. The CAUSE OF DEATH\* was as follows:  
Branch Pneumonia  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

PARENTS  
 NAME OF FATHER Phu Howard Shipp  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky  
 MAIDEN NAME OF MOTHER Polly Stephenson  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) W E Thompson M. D.  
Jan 10, 1912 (Address) Boonesboro Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) S B Shipp  
 (ADDRESS) Boonesboro  
 Filled Jan 10, 1912 by W H Jimmy  
 REGISTRAR

\*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 Boonesboro DATE OF BURIAL Jan 10, 1912  
 UNDERTAKER W. W. White ADDRESS Fayette

JAN 7 All information called for must be written on this Supplementary Certificate.

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