

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Monroe

Township Union

Village \_\_\_\_\_

City \_\_\_\_\_ (NO. \_\_\_\_\_)

Registration District No. 580

Primary Registration District No. 5772

File No. 2044

Registered No. 1

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

FULL NAME Jamie Nelson Svetsnam

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Sept 2, 1910  
(Month) (Day) (Year)

AGE 1 8 If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?  
\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

OCCUPATION (a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE Black Randolph Mo  
(City or town, State or foreign country)

NAME OF FATHER George Svetsnam

BIRTHPLACE OF FATHER Monroe Co Mo  
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER Maie Neal

BIRTHPLACE OF MOTHER Monroe Co Mo  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L O Premeau md

(ADDRESS) Middle Grove Mo

Filed January 31, 1912 E C Brooks  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 24 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 23, 1912, to Jan 24, 1912, that I last saw h in alive on Jan 24, 1912, and that death occurred, on the date stated above, at 60 P M.

The CAUSE OF DEATH\* was as follows:  
Inflammation of Kidneys  
8 130 (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 2 ds.

Contributory (SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) L O Premeau M. D.  
L O Premeau 191. 2 (Address) Middle Grove 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 Massachusetts DATE OF BURIAL Jan 24, 1912

UNDERTAKER ADDRESS

# 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.)



PLACE OF DEATH

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

County Monroe  
Township Union  
or  
Village  
or  
City

Registration District No. 580 File No. 2044  
Primary Registration District No. 5774 Registered No. 1  
St.: \_\_\_\_\_ Ward)

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

FULL NAME James Nelson Swetnam

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single  
DATE OF BIRTH Sept 2, 1910 (Month) (Day) (Year)  
AGE 1 yrs 8 mos 8 ds. IF LESS than 1 day, \_\_\_\_ hrs or \_\_\_\_ min

DATE OF DEATH 1 - 24, 1912 (Month) (Day) (Year)

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

HEREBY CERTIFY, that I attended deceased from July 23, 1912, to Jan 24, 1912, that I last saw him alive on Jan 24, 1912, and that death occurred, on the date stated above, at 6P m.

The CAUSE OF DEATH\* was as follows:  
suppression of the kidneys  
Scarlett fever

BIRTHPLACE (City or town, State or foreign country) Clark Randolph Co Mo

Contributory (SECONDARY) (Duration) \_\_\_\_ yrs \_\_\_\_ mos \_\_\_\_ ds.

PARENTS NAME OF FATHER Geo. A. Swetnam BIRTHPLACE OF FATHER (City or town, State or foreign country) Monroe Co Mo MAIDEN NAME OF MOTHER Mar Neal BIRTHPLACE OF MOTHER (City or town, State or foreign country) Monroe Co Mo

(Signed) X C P Megee M. D. 1-24-12, 1912 (Address) Middle Grove Mo  
\*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 (Informant) C. P. Megee MD (ADDRESS) Middle Grove Mo

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

Filed 3-91 1912 X E C. Bontrot REGISTRAR

PLACE OF BURIAL OR REMOVAL Massadonia DATE OF BURIAL Jan 24 1912 UNDERTAKER X ADDRESS X X

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