

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

PLACE OF DEATH Montgomery
County Montgomery
Township Montgomery Registration District No. 592 File No. 2061
or Montgomery Primary Registration District No. 4300 Registered No. 60
City Montgomery St. Ward
FULL NAME John William Addison [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>Black</u>	DATE OF DEATH <u>Jan 3</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Oct 3</u> , 188 <u>8</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>Nov</u> , 191 <u>1</u> , to <u>Jan 3</u> , 191 <u>2</u> , that I last saw him alive on <u>Dec 21</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>1 a.</u> m. The CAUSE OF DEATH was as follows: <u>Acute Tuberculosis</u> <u>23A</u>	
AGE <u>23</u> yrs. <u>5</u> mos. <u> </u> ds. IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.?		(Duration) <u>about</u> yrs. <u>2</u> mos. <u> </u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>3-67</u>		Contributory (SECONDARY) (Duration) <u> </u> yrs. <u> </u> mos. <u> </u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Pices Beach Mo</u>		(Signed) <u>E. W. Timmsley</u> M. D. <u>Jan 4</u> , 191 <u>2</u> (Address) <u>Montgomery Mo</u>	
PARENTS	NAME OF FATHER <u>Robert Addison</u>	*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 FATHER (City or town, State or foreign country) <u>Trenton Mo</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u> </u> yrs. <u> </u> mos. <u> </u> ds. In the State <u> </u> yrs. <u> </u> mos. <u> </u> ds.	
	MAIDEN NAME OF MOTHER <u>Lizzie Bisco</u>	Where was disease contracted if not at place of death? <u> </u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Lincoln Co Mo</u>	Former or usual residence <u> </u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Lizzie Addison</u> (ADDRESS) <u>Montgomery</u>		PLACE OF BURIAL OR REMOVAL <u>Montgomery City Mo</u>	
Filed <u>Jan 5</u> , 191 <u>2</u> <u>City Mo</u> <u>E. E. Timmsley</u> REGISTRAR		DATE OF BURIAL <u>Jan 8</u> , 191 <u>2</u> ADDRESS <u>City</u>	

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 UNLESS THEY ARE COMPLETED AS PRESCRIBED BY LAW.		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	Montgomery	Registration District No.	592	File No.	
Township		Primary Registration District No.	4350	Registered No.	60,
Village	Montgomery City	St.		Ward	
City					(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME <u>John William Addesson</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
Male	Black	Single	Jan 3, 1912 (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
Oct 3, 1889 (Month) (Day) (Year)			1911, to Jan 3, 1912		
AGE			that I last saw him live on Dec 21, 1911,		
23 yrs. 5 mos. ds.			and that death occurred, on the date stated above, at 12 m.		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work			Pulmonary Tuberculosis		
(b) General nature of industry, business, or establishment in which employed (or employer)					
LABORER					
BIRTHPLACE			(Duration)		
Price's Branch Mo.			About 2 mos. ds.		
PARENTS	NAME OF FATHER		Contributory		
	Bert Addesson		(SECONDARY)		
	BIRTHPLACE OF FATHER		(Duration)		
	Princeton Mo.		yrs. mos. ds.		
MAIDEN NAME OF MOTHER		(Signed) E. W. Tinsley M. D.			
Deddie Bisco		X Mc 1912 (Address) Montgomery City			
BIRTHPLACE OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
Surrey Co 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			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL	
(Informant) Lilia Addesson		Montgomery City Mo.		Jan 3, 1912	
(ADDRESS) Montgomery City		UNDERTAKER		ADDRESS	
Filed Feb 10, 1912		R. S. Paul		City	
REGISTRAR					
Original file, date Jan 10, 1912. All information called for must be written on this Supplementary Certificate.					

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