

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Montgomery</i>		Registration District No.	<i>592</i>	
Township	<i>City</i>		File No.	<i>2061</i>	
Village	<i>Montgomery City</i>		Primary Registration District No.	<i>4300</i>	
City	<i>Montgomery City</i>		Registered No.	<i>60</i>	
FULL NAME			St. Ward		
<i>John William Addeerson</i>			[If death occurred in a hospital or institution, give its NAME instead of street and number]		
PERSONAL AND STATISTICAL PARTICULARS			1 MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)	DATE OF DEATH		
<i>Male</i>	<i>Black</i>	<i>single</i>	<i>June 3, 1912</i>		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<i>Oct 3, 1889</i>			<i>Nov, 1911, to Jan 3, 1912</i>		
AGE	IF LESS than 1 day, hrs. or min.?		that I last saw him alive on <i>Dec 21, 1911,</i>		
<i>23</i> yrs. <i>5</i> mos. <i>ds.</i>			and that death occurred, on the date stated above, at <i>1 a. m.</i>		
OCCUPATION			The CAUSE OF DEATH was as follows:		
(a) Trade, profession, or particular kind of work		<i>Laborer</i>	<i>Acute Tuberculosis</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)		<i>3-67</i>	<i>23A</i>		
BIRTHPLACE			Contributory		
(City or town, State or foreign country)		<i>Price's Branch Mo.</i>	<i>about 2 yrs. 2 mos. ds.</i>		
PARENTS	NAME OF FATHER	<i>Robert Addeerson</i>	Contributory		
	BIRTHPLACE OF FATHER	<i>Trenton, Mo.</i>	<i>(Duration) yrs. mos. ds.</i>		
	MAIDEN NAME OF MOTHER	<i>Lizzie Bisco</i>	<i>(Duration) yrs. mos. ds.</i>		
	BIRTHPLACE OF MOTHER	<i>Lincoln Co Mo.</i>	<i>(Signed) E. W. Timmsley M. D.</i>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			<i>Jan 4, 1912 (Address) <i>Montgomery Mo.</i></i>		
(Informant)	<i>Lizzie Addeerson</i>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
(ADDRESS)	<i>Montgomery</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
Filed	<i>Jan 5, 1912</i>		At place of death yrs. mos. ds. In the State yrs. mos. ds.		
	<i>City Mo.</i>		Where was disease contracted if not at place of death?		
	<i>G. E. Timmsley REGISTRAR</i>		Former or usual residence.		
			PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL
			<i>Montgomery City Mo.</i>		<i>Jan 8, 1912</i>
			UNDERTAKERS		ADDRESS
			<i>C. E. Paul</i>		<i>City</i>

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*, *Compositor*, *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

County

Montgomery

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

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

Township

or

Village

or

City

Montgomery City

Registration District No.

592

File No.

Primary Registration District No.

4350

Registered No.

60

St.: Ward)

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

FULL NAME

John William Addresson

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

Black

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

Single

DATE OF BIRTH

Oct 3 1889
(Month) (Day) (Year)

AGE

23 5 -
yrs. mos. ds.

IF LESS than 1 day, hrs. or min.

OCCUPATION

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Price's Bradley Mo

NAME OF FATHER

Bert Addresson

BIRTHPLACE OF FATHER

Princeton Mo

MAIDEN NAME OF MOTHER

Daddie Bisco

BIRTHPLACE OF MOTHER

Shrewsbury Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Lilia Addresson

(ADDRESS)

Montgomery City

Filed

Feb 14 1912

L. E. News

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Jan 3 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Jan 1, 1911, to Jan 3, 1912
that I last saw him live on Dec 21, 1911,

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

E. W. Tinsley

M. D.

(Address) Montgomery City

*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

DATE OF BURIAL

Montgomery City Mo

Jan 3 1912

UNDERTAKER

R. Paul

ADDRESS

City

Original file, date

JAN 25 1912

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

Revised United States Standard Certificate of Death

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

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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.)

1908