

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

PLACE OF DEATH

County _____
Township _____
or _____
Village _____
or _____
City Shouns

Registration District No. 791
Primary Registration District No. 1003

File No. 3197
Registered No. 535

St. 28 Ward

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

FULL NAME Chas Frederick Lefavor

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR, OR RACE <u>white</u>	"SINGLE MARRIED WIDOWED OR DIVORCED" (Write the word) <u>married</u>
DATE OF BIRTH <u>June 30, 1875</u> (Month) (Day) (Year)		
AGE <u>36</u> yrs. <u>6</u> mos. <u>17</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Interlocking Salesman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>4-68</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Ind</u>		
PARENTS	NAME OF FATHER <u>W. F. Lefavor</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Maine</u>	
	MAIDEN NAME OF MOTHER <u>Mary J. McMahon</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ind</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 2 Jan 17th 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan, 1912, to Sept, 1911, that I last saw him alive on about Dec 20, 1911, and that death occurred, on the date stated above, at 5 P. m. The CAUSE OF DEATH* was as, follows:
Pneumonia - 36

Contributory (SECONDARY)
above
(Duration) 1 yrs. 6 mos. ___ ds.

(Signed) Calvin W. Case M. D.
Jan 17th 1912 (Address) 5778 Etzel

*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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. F. Lefavor
(ADDRESS) 941 Branch

PLACE OF BURIAL OR REMOVAL Bellefontaine DATE OF BURIAL 17 1912 ✓

Filed JAN 18 1912 1912 Max B. Stackloff REGISTRAR

UNDERTAKER Abell ADDRESS 724 King Highway

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.

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, peritonaeum*, 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 sequences (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

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

County _____
 Township _____
 or _____
 Village _____
 or _____
 City St. Louis (NO. 941 Beach)

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

Registration District No. 791
 Primary Registration District No. 1003

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

File No. 3197
 Registered No. 5-35-

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

FULL NAME Chas. Frederick Lefavor

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)
DATE OF BIRTH <u>June 30, 1875</u> (Month) (Day) (Year)		
AGE <u>36</u> yrs. <u>6</u> mos. <u>17</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.

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

BIRTHPLACE
 (City or town, State or foreign country) Ind

PARENTS	NAME OF FATHER <u>W. F. Lefavor</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ind</u>
	MAIDEN NAME OF MOTHER <u>Mary McMahon</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ind</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) W. F. Lefavor
 (ADDRESS) 941 Beach

Filed Mar 23 1912 A. G. Snodgrass REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 17 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 17, 1912, to Sept, 1912, that I last saw him alive on about Dec 20, 1911, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:
General Paralysis probably of Syphilitic origin. No previous history.
 (Duration) 1 yr. 1 mos. 1 ds.

Contributory (SECONDARY) _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) Carver M. Case M. D.
3/23 1912 (Address) 5728 Etzel

*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 <u>Belle fontaine</u>	DATE OF BURIAL <u>1-19</u> 191 <u>2</u>
UNDERTAKER <u>A. Ellis</u>	ADDRESS <u>727 N. Kingshighway</u>

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

JAN

JAN

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.)