

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 Barry ✓
County: Barry
Township _____ or _____
Village _____ or _____
City: Monett (NO. _____) St. _____ Ward _____
Registration District No. 30 File No. 4081
Primary Registration District No. 3003 Registered No. 18
FULL NAME Joseph Warren Carmack
(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>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word) | DATE OF DEATH <u>Feb. 20, 1912</u> (Month) (Day) (Year) | |
| DATE OF BIRTH <u>Jan. 21, 1875</u> (Month) (Day) (Year) | | | I HEREBY CERTIFY, that I attended deceased from <u>Jan. 14, 1912, to Feb. 20, 1912,</u> that I last saw him alive on <u>Feb. 19, 1912,</u> and that death occurred, on the date stated above, at <u>12⁴⁵ p.m.</u> | |
| AGE <u>37</u> yrs. <u>1</u> mos. <u>ds.</u> | | If LESS than 1 day, ___ hrs. or ___ min.? | The CAUSE OF DEATH* was as follows: <u>Dropsy & Bright's disease</u> | |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Resturant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>3003</u> | | | <u>137A</u> (Duration) ___ yrs. <u>5</u> mos. ___ ds. | |
| BIRTHPLACE (City or town, State or foreign country) <u>Barry County Mo</u> | | | Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds. | |
| PARENTS | NAME OF FATHER <u>Wm A. Carmack</u> | | (Signed) <u>Alva Jones</u> M. D. <u>Feb. 21, 1912</u> (Address) <u>Monett, Mo.</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tennessee</u> | | *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. | |
| | MAIDEN NAME OF MOTHER <u>Mrs Carmack</u> | | LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds. | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Tenn</u> | | 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) _____ (ADDRESS) <u>Gas. H. Timpa</u> <u>Monett, Mo</u> | | | PLACE OF BURIAL OR REMOVAL <u>Westbay Cemetery</u> | |
| Filed <u>Feb. 21, 1912</u> <u>MM</u> REGISTRAR | | | DATE OF BURIAL <u>Feb 22 1912</u> | |
| | | | UNDERTAKER <u>R. M. Callaway</u> | |
| | | | ADDRESS <u>Monett Mo</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*, *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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MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Barry Registration District No. 30 File No. _____
Township _____ or Village _____ or City Monett (NO. _____ St. _____ Ward _____)
Primary Registration District No. 3003 Registered No. 18
FULL NAME Joseph Warren Cornack (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF BIRTH Jan 21, 1875
(Month) (Day) (Year)

AGE 37 yrs. 1 mos. 1 ds. If LESS than 1 day, _____ hrs. or _____ mins.

OCCUPATION (a) Trade, profession, or particular kind of work Restaurant drapery & Bright's disease
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Barry Co. Mo.

PARENTS
NAME OF FATHER Joe Cornack
BIRTHPLACE OF FATHER (City or town, State or foreign country) Penn
MAIDEN NAME OF MOTHER Ellen McCormack
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Asa H. Timm
(ADDRESS) Monett Mo.
Filed Feb 21, 1912 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 14, 1912, to Feb 20, 1912, that I last saw him alive on Feb 19, 1912, and that death occurred, on the date stated above, at 12:45 P.M.

The CAUSE OF DEATH* was as follows:
drapery & Bright's disease

(Duration) _____ yrs. 5 mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Alva Jones M. D.
Feb 21, 1912 (Address) Monett 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 West Bay Cem DATE OF BURIAL Feb 27, 1912
UNDERTAKER R. M. Callaway ADDRESS Monett Mo.

Revised United States Standard Certificate of Death

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

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