

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

PLACE OF DEATH

County Buchanan

Township Washington

or

Village

or

City

Registration District No. 86

File No. 4312

Primary Registration District No. 5127

Registered No. 41

(NO. County Poor Farm, St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME Jack Smith

**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 DEATH February 1st, 1912  
(Month) (Day) (Year)

DATE OF BIRTH Unknown Unknown, 1843  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 1st, 1912, to Feb 1st, 1912, that I last saw him alive on Nov 29, 1912, and that death occurred, on the date stated above, at 11 1/2 m.

AGE 70 yrs. Unk. mos. Unk. ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Machinist  
(b) General nature of industry, business, or establishment in which employed (or employer) 5-44

Roxis  
83  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

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

Contributory None  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

NAME OF FATHER Unknown

BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

(Signed) J. R. Cusker M. D.  
Feb 3, 1912 (Address) Bellinger Bldg.

\*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) T. P. Moseley

(ADDRESS) County Poor Farm

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death 11 yrs. \_\_\_ mos. \_\_\_ ds. In the State Unknown yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence Unknown

Filed Feb. 3, 1912, J. J. Dawson REGISTRAR

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Del. to Anatomical Board per order Dated 2/3/12

HESTON UNDERCOLE UNDERTAKING CO. ADDRESS 224 So. 8th.

By J. Whelan

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, 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

County

BuchananREGISTRARS SHALL NOT RE-  
CEIVE A FEE FOR CERTIFICATES  
UNTIL THEY ARE COMPLETED AS  
PRESCRIBED BY LAW.MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Township

Washington

Registration District No.

86

File No.

4312

Village

Primary Registration District No.

5127

Registered No.

11

City

(No.

County Potosi

St.

Ward)

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

FULL NAME

Jack Smith

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF DEATH

Feb. 1, 1912  
(Month) (Day) (Year)

DATE OF BIRTH

Unknown, 1842  
(Month) (Day) (Year)

AGE

70 yrs. 00 mos. 00 ds.IF LESS than  
1 day, hrs. or mins.I HEREBY CERTIFY, that I attended deceased from  
Feb 1, 1912, to Feb 1, 1912,  
that I last saw him alive on Jan 29, 1912.and that death occurred, on the date stated above, at 11 a.m.

OCCUPATION

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

The CAUSE OF DEATH\* was as follows:

General Purposes of the  
Insane

BIRTHPLACE

(City or town,  
State or foreign country)Unknown(Duration) yrs. 6 mos. ds.NAME OF  
FATHER

Contributory

None

(SECONDARY)

(Duration) yrs. mos. ds.

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

(Signed)

Dr. J. J. Danabach, M. D.  
Feb 10 1912 (Address) 730 Linger BldgMAIDEN NAME  
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.BIRTHPLACE  
OF MOTHER  
(City or town, State or foreign country)LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR  
RECENT RESIDENTS)At place of death 11 yrs. mos. ds. In the 00 yrs. mos. ds. State

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted  
If not at place of death?

(Informant)

J. V. MoselyFormer or  
usual residence

(ADDRESS)

County Potosi

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Pl. to Anatomical Board per order  
Dated 2 3 12 1912

Filed

Apr. 10 1912

UNDERTAKER

Wheaton Beale & Co.  
J. H. Beale

ADDRESS

224 So 8th

REGISTRAR

Original file date

Feb. 13 1912

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

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.

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