

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 Butler
County Butler Registration District No. 93 File No. 10 4349
Township High Hill or near Melville Primary Registration District No. 5434B Registered No. _____
Village _____ or _____ City Quincy (NO. _____ St.: _____ Ward) _____

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

FULL NAME Harner Sylvester Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Sept 2, 1911
(Month) (Day) (Year)

AGE 5 yrs. 16 mos. 16 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION none - his father is a farmer and his name is Harner Jones
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) working the machinery for the household

BIRTHPLACE near Quincy Butler Co. Mo.
(City or town, State or foreign country)

PARENTS
NAME OF FATHER Harner Jones
BIRTHPLACE OF FATHER Franklin Co. Mo.
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Matilda Strohger
BIRTHPLACE OF MOTHER Franklin Co. Mo.
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W.H. Russell
(ADDRESS) Quincy Mo.

Filed 2/10/12 1912 Wm Geitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 18, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 15, 1912, to Feb 18, 1912, that I last saw him alive on Feb 18, 1912, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:
Spinal Meningitis from Feb 15 1912 to Feb 18 1912
2 1/2 (Duration) yrs. 4 mos. 4 ds.

Contributory _____ (Secondary) _____ (Duration) yrs. _____ mos. _____ ds.
(Signed) W.H. Russell M. D.
_____ 191_____ (Address) Quincy 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 Quincy Bro Cemetery DATE OF BURIAL 2/19 1912
UNDERTAKER Franklin 66 ADDRESS none
none none

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, OF 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.)

HUGH STEPHENS, JEFFERSON CITY.



HTIAHU TO BRUOR TATZ IRIIOPRIM

INK WILL UNRAVE INK—THIS IS A PERMANENT RECORD.

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x

PLACE OF DEATH

County Butler

Township Ash Hill

or

Village

or

City

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

Registration District No. 92

File No.

Primary Registration District No. 5134B

Registered No. 16

St. Ward

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

FULL NAME

Harner Sylvester Jones

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

m.

COLOR OR RACE

white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

single

DATE OF DEATH

Feb 18, 1912
(Month) (Day) (Year)

DATE OF BIRTH

Sept 2, 1911
(Month) (Day) (Year)

AGE

5 yrs. 16 mos. 16 ds.
If LESS than 1 day, hrs. or min.

I HEREBY CERTIFY, that I attended deceased from Feb 15, 1912, to Feb 18, 1912, that I last saw him alive on Feb 18, 1912, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Subicular Meningitis

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

at home

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

BIRTHPLACE (City or town, State or foreign country)

Near Julia Mo.

PARENTS

NAME OF FATHER

Farrus Jones

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

Ashton Co Mo.

MAIDEN NAME OF MOTHER

Matilda Snider

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

Franklin Co, Mo.

Contributory (SECONDARY)

(Signed) W. H. Russell M. D.
Feb 18, 1912 (Address) Julia 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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Russell

(ADDRESS)

Julia Mo.

PLACE OF BURIAL OR REMOVAL

Mason Bros Cem

DATE OF BURIAL

2-19, 1912

UNDERTAKER

Franklin Co

ADDRESS

none

Filed

April 24, 1912 Wm Gutgen REGISTRAR

FEB 2 1912

Revised United States Standard Certificate of Death

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

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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 *septicæmia*," "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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