

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  
County Franklin  
Township Bles  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 293 File No. 4815  
Primary Registration District No. 5411 Registered No. 7

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

FULL NAME Eugene Good

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>Col</u>	SINGLE MARRIED WIDOWED OR-DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Don't know any of family</u> (Month) _____ (Day) _____ (Year) _____		
AGE <u>about 2</u> yrs. _____ mos. _____ ds.		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farm hand</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>— 1-02</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Franklin Co Mo</u>		
PARENTS	NAME OF FATHER <u>Frank Good</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Franklin Co Mo</u>	
	MAIDEN NAME OF MOTHER <u>Lena Childs</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Franklin Co Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14, 1912  
(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

I HEREBY CERTIFY, that I attended deceased from Jan 6, 1912, to Jan 14, 1912, that I last saw him alive on Jan 14, 1912, and that death occurred, on the date stated above, at 1 P m.

The CAUSE OF DEATH\* was as follows:

Pneumonia  
10 2 11  
1912  
(Duration) 2 yrs. \_\_\_\_\_ mos. 1 ds.

Contributory freezing  
(SECONDARY)  
(Duration) 1 yrs. \_\_\_\_\_ mos. 8 ds.  
(Signed) at Geo at Rush M. D.  
Jan 15 (1912) (Address) Gray Summit

\*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) Joakim's  
(ADDRESS) Gray Summit

PLACE OF BURIAL OR REMOVAL Church near place  
DATE OF BURIAL Jan 16, 1912  
UNDERTAKER (Address) J. A. Rush  
ADDRESS Gray Summit Mo

Filed 114 1912 Joakim's  
Feb 10 1912 H. Booth REGISTRAR  
Reg

# 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.)



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

PLACE OF DEATH

County FranklinTownship Boles

or

Village

or

City

Registration District No. 293File No. 4815Primary Registration District No. 5411Registered No. 7

(NO. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

FULL NAME Eugene Good.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX m. COLOR OR RACE Col. SINGLE MARRIED WIDOWED OR DIVORCED single  
(Write the word)DATE OF BIRTH Don't know or any of family  
(Month) (Day) (Year)AGE about 21 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?OCCUPATION (a) Trade, profession, or particular kind of work Farm Hand

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

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

PARENTS

NAME OF FATHER Frank GoodBIRTHPLACE OF FATHER (City or town, State or foreign country) Franklin Co. Mo.MAIDEN NAME OF MOTHER Leola ChildsBIRTHPLACE OF MOTHER (City or town, State or foreign country) Franklin Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John A. Rusk  
Gray Summit

(ADDRESS)

Filed Mar 8, 1912 H. A. Booth REGISTRAR

REGISTRAR

DATE OF DEATH Jan. 14, 1912  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan. 14, 1912, to Jan. 14, 1912, that I last saw him alive on Jan. 14, 1912, and that death occurred, on the date stated above, at 10 P. M.The CAUSE OF DEATH\* was as follows:  
Pneumonia (Broncho)(Duration) yrs. mos. ds. 7 ds.Contributory Freezing  
(SECONDARY)(Duration) yrs. mos. ds. 8 ds.(Signed) John A. Rusk M. D.  
Mar 8, 1912 (Address) Gray Summit

\*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

Church near place Jan. 16, 1912UNDERTAKER (Address) Gray Summit Mo.J. A. RuskOriginal file, date. FEB 10, 1912 All information called for must be written on this Supplementary Certificate.

N. B. - If any item of information should be carefully supplied. AGE should be written in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.)