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**

County: Buchanan

Township: Washington

or Village:

or City:

Registration District No. 86 — Primary Registration District No. 5127

File No. 8333 — Registered No. 24

(No. Buchanan County Farm Ward)

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

**FULL NAME** Charley Poor

**PERSONAL AND STATISTICAL PARTICULARS**

| SEX | COLOR OR RACE | SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) |
|---|---|---|
| Male | Black | Married |

DATE OF BIRTH: Don't Know (Month) (Day) (Year)

AGE: 65 yrs. 0 mos. 0 ds. — If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Cook 82
(b) General nature of industry, business, or establishment in which employed (or employer): 3-121 84

BIRTHPLACE (City or town, State or foreign country): Don't Know

PARENTS
- NAME OF FATHER: Don't Know
- BIRTHPLACE OF FATHER (City or town, State or foreign country): Don't Know
- MAIDEN NAME OF MOTHER: Don't Know
- BIRTHPLACE OF MOTHER (City or town, State or foreign country): Don't Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. B. Mosley

(ADDRESS) County Farm

Filed Mar 29 1912 J. J. Bansbach REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH March 28 — 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 17, 1911, to March 28, 1912, that I last saw him alive on March 24, 1912, and that death occurred, on the date stated above, at 3 45 pm.

The CAUSE OF DEATH* was as follows:

A ~~Septic Poison~~

D Pyelitis

From Cerebral Hemorrhage

(Duration) ___ yrs. 4 mos. ___ ds.

Contributory (Secondary) ~~Wm J. K Cochran~~

(Duration) ___ yrs. 0 mos. ___ ds.

(Signed) J. K Cochran M. D.

March 28 1912 (Address) Bethesda Bldg

*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 0 yrs. 3 mos. 0 ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence St Joseph Mo.

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| City Cemetery | March 29 1912 |
| **UNDERTAKER** | **ADDRESS** |
| Meier Loffer | 824 Felix St. |

# 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, peritonaeum,* etc., *Carcinoma, Sarcoma,* 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 *septichaemia,*" "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.)

HUGH STEPHENS, JEFFERSON CITY.

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

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

**PLACE OF DEATH**

County: Buchanan

Township: Washington
or
Village:
or
City: (No. Buchanan Co. Farm St. Ward)

Registration District No. 86 File No.

Primary Registration District No. 5427 Registered No. 24

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

**FULL NAME** Charley Ross

**PERSONAL AND STATISTICAL PARTICULARS**

| SEX | COLOR OR RACE | SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| M | B | M |

DATE OF BIRTH: unk (Month) (Day), 1 (Year)

AGE: 65 yrs. mos. ds. If LESS than 1 day, hrs. or min.

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

BIRTHPLACE (City or town, State or foreign country): unk

PARENTS
NAME OF FATHER:
BIRTHPLACE OF FATHER (City or town, State or foreign country): "
MAIDEN NAME OF MOTHER: "
BIRTHPLACE OF MOTHER (City or town, State or foreign country): "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T. B. Mosley

(ADDRESS) County Farm

Filed Apr 1, 191 D. J. Pansbach REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: Mar 28 (Month) (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 12, 1911, to Mar 28, 1912, that I last saw him alive on Mar 24, 1912, and that death occurred, on the date stated above, at 3 45 P.M.

The CAUSE OF DEATH* was as follows:
Hemiplegia Apoplexy

(Duration) yrs. mos. ds.

Contributory (Secondary): Arterio sclerosis

(Duration) yrs. mos. ds.

(Signed) J H Graham M. D.
March 29, 1912 (Address) Ballenger Bldg

*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. 3 mos. ds. In the State yrs. mos. ds.
Where was disease contracted if not at place of death?
Former or usual residence: St Joseph Mo

PLACE OF BURIAL OR REMOVAL: City Cem
DATE OF BURIAL: Mar 29, 1912
UNDERTAKER: Meierhoffer
ADDRESS: 824 Felix St

SUPPLEMENTARY

Original file, date MAR 29, 1912

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

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.

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

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**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*, *Sarcoma*, 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 *septichaemia*," "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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