

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

PLACE OF DEATH
County Butler
Township Ash Hill
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 92 File No. 198388
Primary Registration District No. 5134B Registered No. _____

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

FULL NAME James David Brown.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>	DATE OF DEATH <u>march 26</u> , 19 <u>12</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>oct 7</u> , 18 <u>72</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>march 21</u> , 19 <u>12</u> , to <u>to march 25</u> , 19 <u>12</u> , that I last saw him alive on <u>march 25</u> , 19 <u>12</u> , and that death occurred, on the date stated above, at <u>10 A.M.</u>	
AGE <u>39</u> yrs. <u>7</u> mos. <u>18</u> ds.			The CAUSE OF DEATH* was as follows: <u>Chronic Malaria and Pneumonia</u> <u>39</u> (Duration) yrs. <u>14</u> mos. <u>14</u> ds. <u>1074</u> (Signed) <u>A. Crump</u> M. D. <u>3-26</u> 19 <u>12</u> (Address) <u>Hunt Mo</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>General farming</u>			Contributory <u>Chronic Malaria</u> (Duration) yrs. <u>3</u> mos. _____ ds. (Signed) _____ M. D.	
BIRTHPLACE (City or town, State or foreign country) <u>MO 1-02</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
PARENTS	NAME OF FATHER <u>Joe. Brown.</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 FATHER (City or town, State or foreign country) <u>Don't know</u>		Where was disease contracted If not at place of death? _____	
	MAIDEN NAME OF MOTHER <u>Missie Joe. Bates</u>		Former or usual residence _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>		PLACE OF BURIAL OR REMOVAL <u>Hills County</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Jay. Brown.</u> (ADDRESS) <u>Osage Mo.</u>			DATE OF BURIAL <u>3-27</u> , 19 <u>12</u>	
Filed <u>3/27</u> , 19 <u>12</u> <u>Ann Leubow</u> REGISTRAR			UNDERTAKER <u>Henry Phillips Hunt, Mo.</u>	
			ADDRESS <u>Hunt, Mo.</u>	

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.

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

Butler

County

Ash Hill

Township

Registration District No. 92

File No.

or

Village

Primary Registration District No. 5-134B

Registered No. 19

or

City

(NO.

St.;

Ward)

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

FULL NAME

James David Brown

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

m

COLOR OR RACE

w

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

m

DATE OF DEATH

Mar 26, 1912 (Month) (Day) (Year)

DATE OF BIRTH

Oct 7, 1872 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 21, 1912, to Mar 25, 1912, that I last saw him alive on Mar 25, 1912, and that death occurred, on the date stated above, at 10 A.M.

AGE

39 yrs. 7 mos. 19 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

Farm

Chronic malaria & Pneumonia & Broncho

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

BIRTHPLACE (City or town, State or foreign country)

Mo

(Duration) yrs. mos. 14 ds.

NAME OF FATHER

Joe Brown

Contributory Chronic malaria (SECONDARY) (Duration) yrs. 3 mos. ds.

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

Mo

(Signed) A. Crump M. D. 3 29, 1912 (Address) Hunt Mo

MAIDEN NAME OF MOTHER

Mississ Jane Bat

*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)

Mo

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

At place of death yrs. mos. ds. In the State yrs. mos. ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Jay Brown

Where was disease contracted If not at place of death?

Former or usual residence.

(ADDRESS)

Quincy Mo

PLACE OF BURIAL OR REMOVAL

Hills Creek

DATE OF BURIAL

3/27, 1912

FILE

5717

Mr. Leutgers REGISTRAR

UNDERTAKER

Henry Phelps

ADDRESS

Hunt Mo

Original file, date

MAR 27, 1912

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

RECEIVED FOR... 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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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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