

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 Clinton

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Lasthope (NO. \_\_\_\_\_)

Registration District No. 206

File No. 8652

Primary Registration District No. 4124

Registered No. 89

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

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

**FULL NAME** John Harvey Cole

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Oct 24, 1895</u> (Month) (Day) (Year)		
AGE <u>16</u> yrs. <u>4</u> mos. <u>26</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Student  
(b) General nature of industry, business, or establishment in which employed (or employer) When not in school No settled employment

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

PARENTS	NAME OF FATHER <u>Langdon Cole</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Clay Co. Mo.</u>
	MAIDEN NAME OF MOTHER <u>Ada Brown</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Marion Co. Ohio</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Langdon Cole  
(ADDRESS) Lasthope

Filed March 22, 1912 Omme REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH  
Mar. 21, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar. 18, 1912, to Mar. 21, 1912, that I last saw him alive on Mar. 21, 1912, and that death occurred, on the date stated above, at 2-30p.m.

The CAUSE OF DEATH\* was as follows:  
Cerebro-Spinal Meningitis  
18  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) J. T. Timony M. D.  
Mar. 22, 1912 (Address) Lasthope, 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 <u>Lasthope</u>	DATE OF BURIAL <u>Mar 22, 1912</u>
UNDERTAKER <u>J. G. Dupont</u>	ADDRESS <u>Lasthope</u>

# 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.)



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 Cluton

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Lathrop (No. \_\_\_\_\_)

Registration District No. 206

Primary Registration District No. 4124

File No. 8652

Registered No. 9

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

FULL NAME

John Harvey Cole

PERSONAL AND STATISTICAL PARTICULARS

SEX

M

COLOR OR RACE

W

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

S

DATE OF BIRTH

Oct 24, 1895  
(Month) (Day) (Year)

AGE

16 yrs 4 mos 26 ds.

if LESS than 1 day, \_\_\_ hrs or \_\_\_ min.

OCCUPATION

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

Student at school

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

at school

BIRTHPLACE

(City or town, State or foreign country)

Cluton Mo

NAME OF FATHER

Lange Cole

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Wayles Mo

MAIDEN NAME OF MOTHER

Ag Brown

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Meserve Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lange Cole

(ADDRESS) Lathrop Mo

Filed March 22, 1922

C. M. McCarty  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Mar 21, 1922  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 18, 1922, to Mar 21, 1922, that I last saw him alive on Mar 21, 1922, and that death occurred, on the date stated above, at 2.30 p.m.

The CAUSE OF DEATH\* was as follows:

Cerebro-Spinal meningitis Epidemic

(Duration) \_\_\_ yrs \_\_\_ mos 3 ds.

Contributory

(SECONDARY)

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

(Signed)

J. D. King M. D.  
Mar 22, 1922 (Address) Lathrop 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

Lathrop

DATE OF BURIAL

3/22, 1922

UNDERTAKER

J. P. Klepper

ADDRESS

Lathrop

Original file, date MAR, 1922

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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*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.)