

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

County Greene Registration District No. 318 File No. 8973

Township _____ or Village _____ Primary Registration District No. 2001 Registered No. 101

City Springfield (NO. 1114 Sherman St., 5 Ward)

FULL NAME Granville Abernathy

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>Colored</u>	SINGLE MARRIED <u>Married</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>3</u> / <u>11</u> / <u>1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>11</u> - <u>25</u> / <u>1889</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Feb 12</u> , 1912, to <u>March 18</u> , 1912, that I last saw him alive on <u>8-10</u> , 1912, and that death occurred, on the date stated above, at <u>1 A.M.</u>	
AGE <u>72</u> yrs. <u>3</u> mos. <u>16</u> ds.			The CAUSE OF DEATH was as follows: <u>Chorea</u> <u>92B</u> <u>106D</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Teamster</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Job Wagon</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Elys Co Tenn</u>			Contributory <u>Pneumonia</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Nelson Abernathy</u>		(Signed) <u>E. J. Davis</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Elys Co Tenn</u>		<u>8-12</u> 1912 (Address) <u>318 1/2 Pennell</u>	
	MAIDEN NAME OF MOTHER <u>Julia Abernathy</u>		*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) <u>Elys Co Tenn</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
(Informant) <u>E. J. Allen</u>			Where was disease contracted If not at place of death?	
(ADDRESS) <u>1412 Summit Ave</u>			Former or usual residence _____	
Filed <u>Mar 12</u> 1912 <u>J. B. Emmon</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>St. Hazelwood</u> DATE OF BURIAL <u>Mar 13 1912</u>	
			UNDERTAKER <u>Paxson M. W.</u> ADDRESS <u>410 South St</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.)



WRITING RESERVED FOR

WRITE PLAINLY, WITH UNFADING INK

N. B.—A copy of this certificate should be 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.

PLACE OF DEATH

County

Greene

Township

or

Village

or

City

Springfield

(NO.

1114 Sherman

St.

Ward)

FULL NAME

Gronville Abernathy

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

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

318

File No.

8973

Primary Registration District No.

2001

Registered No.

141

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

PERSONAL AND STATISTICAL PARTICULARS

SEX

m

COLOR OR RACE

B.

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

m

DATE OF BIRTH

Nov 25, 1838
(Month) (Day) (Year)

AGE

72 yrs. 3 mos. 16 ds.

IF LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

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

Teamster

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

Job Mgmt

BIRTHPLACE

(City or town, State or foreign country)

Giles Co Tenn

NAME OF FATHER

Nelson Abernathy

BIRTHPLACE OF FATHER

Giles Co Tenn

MAIDEN NAME OF MOTHER

J. G. (Unknown)

BIRTHPLACE OF MOTHER

Giles Co Tenn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Geo. Allen

(ADDRESS)

1942 Summit Ave

Filed

5/13 1912

J. B. Lemmon

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Mar 11, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Mar 12, 1912, to Mar 11, 1912,
that I last saw him alive on 3/10, 1912,

and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:

E drcarditis

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory

(SECONDARY)

(Duration) ____ yrs. ____ mos. ____ ds.

(Signed)

E. A. Harris

M. D.

3/12, 1912 (Address) 325 1/2 B. Spruill

*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

S. Hazelwood

DATE OF BURIAL

Mar 13, 1912

UNDERTAKER

Paxson M. Co.

ADDRESS

Springfield

Original file, date MAR 13, 1912

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

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 *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.)