

PLACE OF DEATH

County Platte
 Township May Carroll
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 696 File No. 10537
 Primary Registration District No. 5924 Registered No. 3

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

 FULL NAME Benjamin F. Jacks

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|-------------------------------|--|
| SEX <u>Male</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u> |
|--------------------|-------------------------------|--|

DATE OF BIRTH

July 20, 1899
 (Month) (Day) (Year)

AGE

74 yrs. 4 mos. 8 ds. or 1 day, 0 hrs. 0 min.?

OCCUPATION

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

(b) General nature of industry, business, or establishment in which employed (or employer) Good 1-52

BIRTHPLACE

(City or town, State or foreign country) Platte County Mo

PARENTS

NAME OF FATHER

Thomas Jacks

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Kentucky

MAIDEN NAME OF MOTHER

Cynthia Martin

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charly Jacks

(ADDRESS) Platte City

Filed March 13 1912

Spencer Redman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Dec 28, 1911, to March 7, 1912, that I last saw him alive on March 7, 1912, and that death occurred, on the date stated above, at 10 P. m.

The CAUSE OF DEATH* was as follows:

Central Softening X
1943
820
47

(Duration) 2 yrs. _____ mos. _____ ds.

Contributory

fracture of femur
 (SECONDARY) (Duration) _____ yrs. 2 mos. 12 ds.

(Signed) Spencer Redman M. D.

March 13, 1912 (Address) Platte City

*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

Lincoln Cemetery Mar 13, 1912

UNDERTAKER

H. J. Baker Platte City

ADDRESS

Platte City

MAINLY, WITH UNUSUAL CARE, 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.

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*, *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 RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

PLACE OF DEATH

County

Platte

Township

Carroll

Registration District No.

696

File No.

10537

or
Village

Primary Registration District No.

5924

Registered No.

3

or
City

(NO.)

St.:

Ward)

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

FULL NAME

Benjamin F. Jacks

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 BIRTH

July 20, 1839
(Month) (Day) (Year)

AGE

74 yrs. 4 mos. 8 ds.

If LESS than
1 day, hrs. or min.

DATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from
Mar 8, 1912, to Mar 7, 1912,
that I last saw him alive on Mar 7, 1912,
and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Softening X
Arterial Sclerosis - occlude

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

fracture of femur
(Duration) 2 yrs. 2 mos. 12 ds.

(Signed) Bruce Redman, M.D.
May 7, 1912 (Address) Platte City, 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
Linn Creek, Mo.

DATE OF BURIAL
Mar 13, 1912

UNDERTAKER
H. J. Baker

ADDRESS
Platte City

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Charley Jacks
Platte City

(ADDRESS)

Filed

May 7, 1912 Bruce Redman
REGISTRAR

Original file, date MAR 19, 1912

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

WRITE IN PENCIL. Information should be correct. 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.

SUPPLEMENTARY

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.)