

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

PLACE OF DEATH

County Buchanan

Township _____

Village _____

City St. Joseph,

Registration District No. 85 File No. 12500

Primary Registration District No. 1001 Registered No. 294

(NO. On train between St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME John Mears,

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Widowed,

DATE OF BIRTH Unknown, Unk., 1889.
(Month) (Day) (Year)

AGE 73 yrs. Unk. mos. Unk. ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer,
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02

BIRTHPLACE (City or town, State or foreign country) Kentucky,

NAME OF FATHER Henry Mears,

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

MAIDEN NAME OF MOTHER Betsy Jones,

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky,

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. H. Mears
(ADDRESS) Potter, Kansas,

Filed April 11 1912 W. H. Mears REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 30th, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I visited deceased Mar. 30, 1912 to _____, 1912, that I last saw h alive on _____, 1912,

and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH* was as follows:
Killed by R. R. train
(accidental)

(Duration) Unk. yrs. Unk. mos. Unk. ds.

Contributory (SECONDARY) (Duration) Unk. yrs. Unk. mos. Unk. ds.

(Signed) Le & Byrd, Coroner, M. D.
Mar 31 1912 (Address) 2004 St Joe Ave.

*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 Bethel, Mo. DATE OF BURIAL Apr. 1 '12 1912

HEATON-EGGOLD UND. CO. ADDRESS 224 So. 8th St.
UNDERTAKER By J. W. Hoyle

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

V. S. No. 2.

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.

of Death

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

Occupation.—Precise statement of occupation is important, so that the relative health-pursuits can be known. The question and every person, irrespective of occupations a single word or term on be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many industrial employments, it is necessary to state the kind of work and also (b) the business or industry, and therefore an additional statement is provided for the latter statement; it is to be given when needed. As examples: (a) *Grain mill*; (a) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material form part of the second statement. "Laborer," "Foreman," "Manager," without more precise specification, as *laborer*, *Laborer—Coal mine*, etc. who are engaged in the duties of the *Housekeeper* who receive a salary (not paid *Housekeepers* who receive a salary) may be entered as *Housewife*, *Housemaid*, and children, not gainfully employed, *at home*. Care should be taken to record the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housekeeper*. If occupation has been changed or given the DISEASE CAUSING DEATH, state occasion of illness. If retired from business be indicated thus: *Farmer* (retired) or persons who have no occupation *none*.

cause of death.—Name, first, the DISEASE (the primary affection with causation), using always the same name the same disease. Examples: *Cerebral meningitis* (only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Typhoid fever" never report "Typhoid fever pneumonia"; *Bronchopneumonia* (unqualified, is indefinite); *Tuberculosis*, *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.)

