

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 Bush Lake

Township \_\_\_\_\_ or Village \_\_\_\_\_ or City St. Joseph (NO. State Hospital #2 St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 85 File No. 12560

Primary Registration District No. 1001 Registered No. 361

FULL NAME Russell Tolley (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>White</u>	SINGLE * MARRIED <u>Married</u> DOWNSPOUN OR DIVORCED (Write the word)	DATE OF DEATH <u>Apr 17</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Apr 17</u> , 18 <u>76</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Apr 6</u> , 19 <u>09</u> , to <u>Apr 17</u> , 191 <u>2</u> , that I last saw him alive on <u>Apr 17</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>6 P.</u> m.	
AGE <u>36</u> yrs. <u>0</u> mos. <u>0</u> ds. <u>0</u> hrs. <u>0</u> min. ? If LESS than 1 day, ____ hrs. or ____ min. ?			The CAUSE OF DEATH* was as follows: <u>1225 Obstetrical</u> <u>84 Obstructions</u> <u>10</u> (Duration) yrs. mos. <u>10</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>9-0</u>			Contributory <u>Just as before</u> (SECONDARY) <u>Long time</u> yrs. mos. ds.	
BIRTHPLACE (City or town, State or foreign country) <u>unknown</u>			(Signed) <u>W. H. Anderson</u> M. D. <u>Apr 17</u> 191 <u>2</u> (Address) <u>State Hosp #2</u>	
PARENTS	NAME OF FATHER <u>unknown</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 FATHER <u>unknown</u> (City or town, State or foreign country)		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	MAIDEN NAME OF MOTHER <u>unknown</u>		At place of death <u>5</u> yrs. <u>2</u> mos. <u>10</u> ds. In the State yrs. mos. ds.	
	BIRTHPLACE OF MOTHER <u>unknown</u> (City or town, State or foreign country)		Where was disease contracted if not at place of death? <u>Here</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. H. Anderson</u> (ADDRESS) <u>State Hosp #2</u>			Former or usual residence <u>Shelby Co Mo</u>	
Filed <u>Apr 20</u> , 191 <u>3</u> , <u>W. B. Kelling</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>State Hospital Cent</u> DATE OF BURIAL <u>April 20</u> , 191 <u>2</u>	
			UNDERTAKER <u>H. B. Sidney</u> ADDRESS <u>211-215 N. 16th</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.)



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Buchanan

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

Township \_\_\_\_\_

Registration District No. 85

File No. \_\_\_\_\_

Village \_\_\_\_\_

Primary Registration District No. 1008

Registered No. 361

City St Joseph

(NO. State Hosp. #2)

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

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

FULL NAME Jessie Tolley

PERSONAL AND STATISTICAL PARTICULARS

SEX F COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED m.  
(Write the word)

DATE OF BIRTH Jun, 1876  
(Month) (Day) (Year)

AGE 36 yrs. 6 mos. 0 ds.  
If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

OCCUPATION  
(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer)

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

PARENTS  
NAME OF FATHER \_\_\_\_\_  
BIRTHPLACE OF FATHER (City or town, State or foreign country) \_\_\_\_\_  
MAIDEN NAME OF MOTHER Jun  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Jun

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A H Vandeville  
(ADDRESS) State Hosp #2

Filed Apr 17 1922 W B Kelling  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 17, 1922  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 17, 1922, to Apr 17, 1922, that I last saw her alive on Apr 17, 1922, and that death occurred, on the date stated above, at 6 P. m.

The CAUSE OF DEATH\* was as follows:  
Substernal obstruction from  
arteries of heart

(Duration) \_\_\_ yrs. \_\_\_ mos. 10 ds.

Contributory Insanity  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) A H Vandeville M.D.  
Apr 17 1922 (Address) St Joseph 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 5 yrs. 2 mos. 10 ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted Here  
If not at place of death?

Former or usual residence Shelby Co Mo.

PLACE OF BURIAL OR REMOVAL St Hosp Cemetery DATE OF BURIAL Apr 20, 1922

UNDERTAKER N C Sidenfaden ADDRESS 211-15 N 10th

SUPPLEMENTARY

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
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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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