

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty Barroll CoTownship DeWitt

Village

City

Registration District No. 136File No. 8 12744Primary Registration District No. 4575Registered No. 8(NO. 5194 St. Ward)

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

FULL NAME Samuel Green

PERSONAL AND STATISTICAL PARTICULARS

SEX Male

COLOR OR RACE

WSINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH

13 (Month) Sept (Day) 1867 (Year)

AGE

43 yrs. 6 mos. 9 ds. IF LESS than 1 day, hrs. or min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Laborer(b) General nature of industry, business, or establishment in which employed (or employer) 3-7

BIRTHPLACE

(City or town, State or foreign country) Randolph Co Mo

NAME OF FATHER

George H GreeneBIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia

MAIDEN NAME OF MOTHER

Hannah GreeneBIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter G. Carter(ADDRESS) DeWitt MoFiled April 9th 1912J. P. Logan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

March 16, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from March 15, 1912, to March 16, 1912, that I last saw him alive on March 16, 1912, and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH* was as follows:

165 Bacteremia
35 Knife cut on hand
(Duration) 7 ds.

Contributory

(SECONDARY)

(Signed) J. R. Peak M. D.
March 15, 1912 (Address) DeWitt

*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

Jacksonville Mo

DATE OF BURIAL

March 17 1912

UNDERTAKER

McCallahan Bros

ADDRESS

DeWitt Mo

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*, *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*, *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.)



PLACE OF DEATH
County Carroll Co
Township Drewitt
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 136 File No. 12744
Primary Registration District No. 5794 Registered No. 8

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

FULL NAME Samuel Green

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE Wg's SINGLE MARRIED married
WIDOWED
OR DIVORCED
(If write the word)

DATE OF BIRTH Sept 13, 1869
(Month) (Day) (Year)

AGE 43 yrs. 4 mos. 3 ds. IF LESS than
1 day, ___ hrs. or ___ min.

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

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

NAME OF FATHER George Green
BIRTHPLACE OF FATHER
(City or town, State or foreign country) Virginia

MAIDEN NAME OF MOTHER Elizabeth Green
BIRTHPLACE OF MOTHER
(City or town, State or foreign country) Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter G. Carter
(ADDRESS) Drewitt Mo.

Filed March 16, 1912
J. P. Logan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 16, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 15, 1912, to March 16, 1912,
that I last saw him alive on March 16, 1912,
and that death occurred, on the date stated above, at 9 P. M.

The CAUSE OF DEATH* was as follows:
Bacteremia.
Accidental knife cut on
hand (Duration) ___ yrs. ___ mos. ___ ds.

Contributory
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. P. Logan M. D.
March 17, 1912 (Address) Drewitt

*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 Jacksonville Mo. DATE OF BURIAL March 17, 1912

UNDERTAKER McClellan Bros ADDRESS Drewitt Mo.

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.)