

WRITE PLAINLY, WITH UNFADING INK—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.

PLACE OF DEATH

County Jackson

Township _____

Village _____

City Samson CarterMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 3991File No. 13671Primary Registration District No. 1002Registered No. 1455(NO. City General Hospital Ward)

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

FULL NAME Jesse King

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>On</u>	COLOR OR RACE <u>OB</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>June 29, 1876</u> (Month) (Day) (Year)		
AGE <u>35</u> yrs. <u>10</u> mos. <u>18</u> ds.		IF LESS THAN 1 day, ___ hrs. or ___ min.?
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>City General Hospital</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Richmond Mo 1873</u> <u>1873</u>		
PARENTS	NAME OF FATHER <u>Jackson King</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ala.</u>	
	MAIDEN NAME OF MOTHER <u>Ellen Carter</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Va</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie King(ADDRESS) 1814 Olive StFiled APR 13 1912 W.S. Wheeler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 17, 1912
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from as above, 1912, to _____, 1912, that I last saw him alive on _____, 1912, and that death occurred, on the date stated above, at 1:30 p. m.

The CAUSE OF DEATH was as follows:

Shock following
loss of blood from
injury (Horsefall)
Duration _____ yrs. _____ mos. _____ ds.
Contributory Gunshot in hip
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.(Signed) Harry Charlusky, M. D.
4118 1/2 1912 (Address) Concord

*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. 14 ds. In the 35 yrs. 10 mos. 18 ds. State

Where was disease contracted if not at place of death?

Former or usual residence 1814 Olive StPLACE OF BURIAL OR REMOVAL Highland Cemetery DATE OF BURIAL 7/21 1912UNDERTAKER (H. Wheeler) ADDRESS 2220 Olive

Revised United States Standard Certificate

Approved by U. S. Bureau of American Public Health

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 engineer*, 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*. One should be taken to report specifically the occupations of persons engaged in domestic service for wages, e. g., *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 symptom of "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.)