

MARGIN RESERVED FOR BINDING

V. S. No. 2.

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 Jaeger  
 Township \_\_\_\_\_  
 or \_\_\_\_\_  
 Village \_\_\_\_\_  
 or \_\_\_\_\_  
 City Hebb City (NO. 12 S. Liberty St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 417 File No. 13939  
 Primary Registration District No. 3021 Registered No. 71

FULL NAME John B. Smith

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Married  
 MARRIED WIDOWED OR DIVORCED (Write the word)  
 DATE OF BIRTH January 13, 1836  
 (Month) (Day) (Year)  
 AGE 76 yrs. 2 mos. 28 ds.  
 If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) Orange Co. Va.

PARENTS  
 NAME OF FATHER Joel Smith  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Orange Co. Va.  
 MAIDEN NAME OF MOTHER Ellen Smith  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Louisville, Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) William N. Smith  
 (ADDRESS) 12 S. Liberty St.

Filed Apr. 13, 1912 E. H. Baird  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 11, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 1<sup>st</sup>, 1912, to April 10<sup>th</sup>, 1912, that I last saw him alive on April 7<sup>th</sup>, 1912, and that death occurred, on the date stated above, at 10<sup>am</sup> m. The CAUSE OF DEATH\* was as follows:

Cancer of Apillary Glands  
 (Duration) One yrs. \_\_\_ mos. \_\_\_ ds.  
 Contributory 53E  
 (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
 (Signed) C. E. McBrude M. D.  
April 17, 1912 (Address) Hebb 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 Mr. Hope cemetery DATE OF BURIAL Apr. 14, 1912  
 UNDERTAKER J. I. Stullman, Co. ADDRESS Hebb City Mo

# 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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLAGE OF DEATH  
County Jasper  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Webb City (NO. 125 Liberty St.; \_\_\_\_\_ Ward)

Registration District No. 417 File No. 13939  
Primary Registration District No. 3021 Registered No. 71

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

FULL NAME John B Smith

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX m COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED m  
(If file the word)

DATE OF DEATH Apr 11, 1912  
(Month) (Day) (Year)

DATE OF BIRTH Jan 13, 1836  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept, 1912, to Apr 10, 1912, that I last saw h. in alive on Apr 2, 1912, and that death occurred, on the date stated above, at 109 m.

AGE 76 yrs. 3 mos. 28 ds.  
If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.

The CAUSE OF DEATH\* was as follows:

OCCUPATION  
(a) Trade, profession, or particular kind of work retired hotel man  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

Cancer of axillary glands.

BIRTHPLACE (City or town, State or foreign country) Orange Co. Va

(Duration) 1 yrs. \_\_\_ mos. \_\_\_ ds.

PARENTS  
NAME OF FATHER John Smith  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Orange Co. Va  
MAIDEN NAME OF MOTHER Eileen Smith  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Louisville Ky

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

(Signed) C. E. McBride M. D.  
Apr 17, 1912 (Address) Webb 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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) William Smith  
(ADDRESS) 12 Liberty Webb City

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 \_\_\_\_\_

FILED Apr 13, 1912 E. H. Baird REGISTRAR

PLACE OF BURIAL OR REMOVAL Mt Hope Cemetery DATE OF BURIAL Apr 14, 1912

UNDERTAKER J. J. Steets and Co. ADDRESS Webb City Mo

Original file, date APR, 1912 All information called for must be written on this Supplementary Certificate.

This should be carefully supplied. PAGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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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 septicæmia," "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.)