

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	Wayne		Registration District No.	895	File No.	16026
Township	Mill Spring		Primary Registration District No.	6197	Registered No.	4
Village	Mill Spring					
City			(NO.		St.;	Ward)
FULL NAME			James Ora Ross			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
male	White	Single	April 5, 1912 (Month) (Day) (Year)			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
Feb 17, 1912 (Month) (Day) (Year)			April 1st, 1912, to April 5, 1912,			
AGE			that I last saw him alive on 5th day of April, 1912,			
1 yrs. 1 mos. 17 ds.			and that death occurred, on the date stated above, at 100 m.			
OCCUPATION			The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work			Pneumonia			
(b) General nature of industry, business, or establishment in which employed (or employer)			107A			
BIRTHPLACE			(Duration) yrs. mos. ds.			
(City or town, State or foreign country) Mill Spring Mo.			5			
PARENTS	NAME OF FATHER		Contributory (SECONDARY)			
	Gouless Ross		nothing			
	BIRTHPLACE OF FATHER		(Duration) yrs. mos. ds.			
	Ky.		8			
MAIDEN NAME OF MOTHER		(Signed) R. J. Owens M. D.				
Mary Church		4/5, 1912 (Address) Mill Spring Mo				
BIRTHPLACE OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.				
Mo		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			At place of death yrs. mos. ds. In the State yrs. mos. ds.			
(Informant) J. Ross			Where was disease contracted if not at place of death?			
(ADDRESS) Mill Spring Mo			Former or usual residence.			
Filed Apr 6, 1912 W. S. Bailey			PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL	
REGISTERAR			Mill Spring		April 6, 1912	
			UNDERTAKER		ADDRESS	
			None			

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

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 Wayne Registrars shall not receive a fee for certificates until they are completed as prescribed by law.
Township Mill Springs Registration District No. 895 File No. 16026
or
Village _____ Primary Registration District No. 6197 Registered No. 4
or
City _____ (NO. _____ St. _____ Ward _____) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME James Ora Ross.

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Feb. 12, 1912
(Month) (Day) (Year)

AGE _____ yrs. 1 mos. 17 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) Mill Springs, Mo.

PARENTS
NAME OF FATHER Yonkers Ross.
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo. Ky.
MAIDEN NAME OF MOTHER Gary Church
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. Ross.
(ADDRESS) Mill Spgs Mo.

Filed June 6, 1912 by W. S. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 5, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 1, 1912, to Apr 5, 1912, that I last saw he alive on Apr 5, 1912, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH* was as follows:
pneumonia broncho

(Duration) _____ yrs. _____ mos. 5 ds.

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

(Signed) R. J. Owens M. D.
6-5, 1912 (Address) Mill Springs 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 Mill Spgs Mo DATE OF BURIAL Apr 6, 1912

UNDERTAKER none ADDRESS _____

Revised United States Standard Certificate of Death

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

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