

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.

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

PLACE OF DEATH Howard
County Howard
Township Glasgow or Village Glasgow or City _____
Registration District No. 379 File No. 16942
Primary Registration District No. 4223 Registered No. 20
(NO. _____ St. _____ Ward _____)

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

FULL NAME Jerry Broaden

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>Wego</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widower</u> (Write the word)	DATE OF DEATH <u>May 26, 1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Dec 15, 1872</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>May 24, 1912</u> to <u>May 26, 1912</u> , that I last saw him alive on <u>May 24, 1912</u> , and that death occurred, on the date stated above, at <u>12:30</u> a.m.	
AGE <u>39</u> yrs. <u>6</u> mos. <u>6</u> ds.			The CAUSE OF DEATH* was as follows: <u>Auto infection followed by pneumonia</u> <u>1703</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Day Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>3-07</u>			_____ (Duration) _____ yrs. <u>10</u> mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Randolph Co Mo</u>			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>John Tucker</u>		(Signed) <u>W R Hankins</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know</u>		<u>5/27</u> 1912 (Address) <u>Glasgow Mo</u>	
	MAIDEN NAME OF MOTHER <u>Hanna Patton</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 MOTHER (City or town, State or foreign country) <u>Don't know</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W R Hankins</u> (ADDRESS) <u>Glasgow Mo</u>			Where was disease contracted If not at place of death? Former or usual residence _____	
Filed <u>5/27</u> 1912 <u>J O Temple</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Glasgow Mo</u>	
			DATE OF BURIAL <u>5/27</u> 1912	
			UNDERTAKER <u>Myrl Angler</u>	
			ADDRESS <u>Glasgow Mo</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*, *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*, *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.)



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.

PLACE OF DEATH
County Howard
Township _____
or _____
Village Glasgow
or _____
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 379 File No. 16942
Primary Registration District No. 4223 Registered No. 20

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

FULL NAME Jerry Beacher

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX m COLOR OR RACE B. SINGLE MARRIED WIDOWED OR DIVORCED wd.
(Write the word)

DATE OF DEATH May 26, 1912
(Month) (Day) (Year)

DATE OF BIRTH Dec. 15, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 2, 1912, to May 26, 1912, that I last saw him alive on May 24, 1912, and that death occurred, on the date stated above, at 12:35 m.

AGE abt 60 yrs. _____ mos. _____ ds.
IF LESS than 1 day, _____ hrs. _____ or _____ min.

The CAUSE OF DEATH* was as follows:
Auto infection followed by
manthion, due to
intestinal indigestion
(Duration) _____ yrs. _____ mos. _____ ds.

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

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

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

PARENTS
NAME OF FATHER John Tucker
BIRTHPLACE OF FATHER _____
(City or town, State or foreign country) _____
MAIDEN NAME OF MOTHER Emma Patton
BIRTHPLACE OF MOTHER W.V.
(City or town, State or foreign country) _____

(Signed) W.R. Hawkins M. D.
5/27 1912 (Address) Glasgow

* 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) W. R. Hawkins
(ADDRESS) Glasgow Mo.

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 5/27 1912 C. N. Temple REGISTRAR

PLACE OF BURIAL OR REMOVAL Glasgow Mo. DATE OF BURIAL May 27 1912
UNDERTAKER Myrtle Mughler ADDRESS Glasgow Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement should state any important.

APPLIED. AGE should be stated EXACTLY. DATE OF BIRTH should be stated EXACTLY. SEX should be stated EXACTLY. OCCUPATION should be stated EXACTLY. CAUSE OF DEATH should be stated EXACTLY. PLACE OF DEATH should be stated EXACTLY. PLACE OF BURIAL OR REMOVAL should be stated EXACTLY. DATE OF BURIAL should be stated EXACTLY. UNDERTAKER should be stated EXACTLY. ADDRESS should be stated EXACTLY.

DUPLICATE

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[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.)