

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	<i>Marion</i>	Registration District No.	<i>5217</i>
Township		File No.	<i>17639</i>
or Village		Primary Registration District No.	<i>3024</i>
or City	<i>Hannibal</i>	Registered No.	<i>142</i>
	(NO. <i>120 Mungler Aky</i> St. <i>5</i> Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number]	
FULL NAME <i>Edward Lee Bohon</i>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH:
<i>Male</i>	<i>Black</i>	<i>Single</i>	<i>May 12</i> 191 <i>2</i>
DATE OF BIRTH			
<i>April</i> 5 191 <i>2</i>			
AGE	IF LESS than		
<i>1</i> yrs. <i>7</i> mos. <i>7</i> ds.	1 day, ___ hrs. or ___ min.?		
OCCUPATION			
(a) Trade, profession, or particular kind of work	" " "		
(b) General nature of industry, business, or establishment in which employed (or employer)	" " "		
BIRTHPLACE			
(City or town, State or foreign country)	<i>Hannibal</i>		
PARENTS	NAME OF FATHER	<i>Edward Bohon</i>	
	BIRTHPLACE OF FATHER	<i>Hannibal</i>	
	MAIDEN NAME OF MOTHER	<i>Lena Smith</i>	
	BIRTHPLACE OF MOTHER	<i>Germania Mo.</i>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant)	<i>Lena Smith</i>		
(ADDRESS)	<i>Hannibal</i>		
Filed	<i>May 13 1912</i>		
	<i>W. H. Youse</i>		
	REGISTRAR		
I HEREBY CERTIFY, that I attended deceased from		Contributionary	
<i>May 8, 1912 to May 12, 1912</i>		<i>Malnutrition</i>	
that I last saw him alive on <i>May 12, 1912</i>		(Duration) yrs. ___ mos. ___ ds.	
and that death occurred, on the date stated above, at ___ m.		<i>5</i>	
The CAUSE OF DEATH* was as follows:			
<i>Bronchopneumonia</i>			
<i>1074</i>			
<i>158</i>			
(Signed) <i>E. E. Stalder</i> M. D.			
<i>May 13, 1912</i> (Address) <i>Hannibal Mo.</i>			
*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		DATE OF BURIAL	
<i>City Grave Yard</i>		<i>May 13 1912</i>	
UNDERTAKER		ADDRESS	
<i>W. H. Smith</i>		<i>Hannibal</i>	

# 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.)



WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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PLACE OF DEATH

County Marion

7063

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

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Township \_\_\_\_\_

Registration District No. 547

File No. 17039

Village \_\_\_\_\_

Primary Registration District No. 3029

Registered No. 142

City Hannibal (NO. 120 Munger Alley St. \_\_\_\_\_ Ward)

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

FULL NAME Edward Lee Bohon

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE B. SINGLE MARRIED WIDOWED OR DIVORCED S. (Write the word)

DATE OF BIRTH Apr. 5, 1912 (Month) (Day) (Year)

AGE 1 yrs. 7 mos. 7 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) Hannibal

PARENTS NAME OF FATHER Edward Bohon BIRTHPLACE OF FATHER Hannibal MAIDEN NAME OF MOTHER Lena Smith BIRTHPLACE OF MOTHER Louisiana Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lena Smith (ADDRESS) Hannibal Mo

Filed May 13 1912 W. V. House REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 12, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 8, 1912, to May 12, 1912, that I last saw him alive on May 12, 1912, and that death occurred, on the date stated above, at home.

The CAUSE OF DEATH\* was as follows: Branch pneumonia

(Duration) \_\_\_ yrs. \_\_\_ mos. 8 ds.

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

(Signed) E. E. Waddy M. D. May 13, 1912 (Address) Hannibal

\*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 Lee's Grav Yard DATE OF BURIAL May 13, 1912

UNDERTAKER W. M. Smith ADDRESS Hannibal Mo

Original file, date MAY, 1912

All information called for must be written on this Supplementary Certificate.

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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 "*Asithenia*," "*Anacmia*" (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.)