

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	Buchanan		Registration District No.	81	File No.	19515
Township or Village	Bloomington		Primary Registration District No.	5122	Registered No.	11
City	(NO. _____) _____		St.:	_____	Ward)	(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME			A. J. Myers			
PERSONAL AND STATISTICAL PARTICULARS			3 MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
Male	White	+	June 15, 1912 (Month) (Day) (Year)			
DATE OF BIRTH		AGE	I HEREBY CERTIFY, that I attended deceased from			
May 11, 1890 (Month) (Day) (Year)		92 yrs. 1 mos. 4 ds. IF LESS than 1 day, ____ hrs. or ____ min.?	Apr. 10, 1912, to June 15, 1912, that I last saw him alive on June 5, 1912, and that death occurred, on the date stated above, at 10 a.m.			
OCCUPATION		The CAUSE OF DEATH* was as follows:				
(a) Trade, profession, or particular kind of work		Fracture of hip joint				
(b) General nature of industry, business, or establishment in which employed (or employer)		Employed				
BIRTHPLACE		Duration				
(City or town, State or foreign country)		Ohio - 1-02				
PARENTS	NAME OF FATHER		186 A			
	BIRTHPLACE OF FATHER		194 B			
	MAIDEN NAME OF MOTHER		Contributory			
	BIRTHPLACE OF MOTHER		(SECONDARY)			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		(Duration) yrs. ____ mos. ____ ds.				
(Informant) Mrs. A. E. Loy		(Signed) E. B. McDonald M. D.				
(ADDRESS) Andrew Co.		June 12, 1912 (Address) 206 Kalk...				
Filed June 16, 1912		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.				
W. J. Shelton		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).				
REGISTRAR		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				
		Belknap Cemetery June 16, 1912				
		UNDERTAKER				
		ADDRESS				
		C. M. Murphy Belknap				

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.)



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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Buchanan
Township Bloomington
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 81 File No. 19515
Primary Registration District No. 5-122 Registered No. 11

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

FULL NAME

A. T. Myers

PERSONAL AND STATISTICAL PARTICULARS.

SEX m COLOR OR RACE w SINGLE MARRIED in blood WIDOWED OR DIVORCED (If write the word)

DATE OF BIRTH May 11, 1820
(Month) (Day) (Year)

AGE 92 yrs. 1 mos. 4 ds. IF LESS than 1 day, hrs. or mins.

OCCUPATION (a) Trade, profession, or particular kind of work Farm Hand
(b) General nature of industry, business, or establishment in which employed (or employer) Employed

BIRTHPLACE (City or town, State or foreign country) Ohio

PARENTS NAME OF FATHER Henry Myers BIRTHPLACE OF FATHER (City or town, State or foreign country) Pa.
MAIDEN NAME OF MOTHER Lucas BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pa.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm A. Long
(ADDRESS) Andrew tee mo

Filed June 11 1912 W. J. Skelton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 10, 1912, to June 15, 1912, that I last saw him alive on June 5, 1912, and that death occurred, on the date stated above, at 10 A.M.

The CAUSE OF DEATH* was as follows:
Fracture of Hip Joint
(Accidental from fall)

Contributory See notes from injury
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) C. B. McAdoo M. D.
June 16 1912 (Address) 502 E. Kell

*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 Dr Kell Cem DATE OF BURIAL June 16, 1912

UNDERTAKER C. M. Murphy ADDRESS Dr Kell No.

Original file, date _____, 19 _____

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

Revised United States Standard Certificate of Death

[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.)