

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 Miller
 County Miller
 Township Dalmin
 or
 Village _____
 or
 City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 563 File No. 20700
 Primary Registration District No. 5755B Registered No. _____

FULL NAME Mikea Niwood Hooks

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

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| SEX <u>Male</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word) |
| DATE OF BIRTH _____, 191____, _____ (Year) (Month) (Day) | | |
| AGE ____ yrs. ____ mos. ____ ds. | | If LESS than 1 day, ____ hrs. or ____ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>leach</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Cook Hotel and Prodan mals</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Poland</u> | | |
| PARENTS | NAME OF FATHER <u>John Niwood Hooks</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Poland</u> | |
| | MAIDEN NAME OF MOTHER <u>Amelia Kollner</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Saffroy Germany</u> | |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Frank Schwallier</u> (ADDRESS) <u>Etterville Mo.</u> | | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 26, 1917
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,
 that I last saw him alive on June 23, 1917,
 and that death occurred, on the date stated above, at 4 A. M.
 The CAUSE OF DEATH* was as follows:
Cirrhosis of liver
12:13

(Duration) _____ yrs. 3 mos. _____ ds.

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

(Signed) W. S. Allen M. D.
June 26, 1917 (Address) Osceola 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 <u>Manis Home Mo.</u> | DATE OF BURIAL <u>June 27, 1917</u> |
| UNDERTAKER <u>J. R. Robertson</u> | ADDRESS <u>Osceola Mo.</u> |

Filed June 27, 1917 W. S. Allen
 REGISTRAR

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, Sarcoma*, 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 "*Asithenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con-genital*," "*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.)

ACTIVELY. PHYSICIANS should state
cause of OCCUPATION is very important.

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

PLACE OF DEATH

County Miller
Township Saline
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 563 File No. 20700
Primary Registration District No. 5755B Registered No. 11

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

FULL NAME Mike Newodoske

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED married
WIDOWED OR DIVORCED
(Write the word)

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

DATE OF BIRTH April 16, 1864
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
June 19, 1912, to June 25, 1912,

AGE 48 yrs. 2 mos. 10 ds. IF LESS than
1 day, _____ hrs. _____ or _____ mins.

that I last saw him alive on June 23, 1912
and that death occurred, on the date stated above, at 10 m.

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

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver

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

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

NAME OF FATHER John Newodoske

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

BIRTHPLACE OF FATHER (City or town, State or foreign country) Poland

(Signed) W. S. Allee M. D.
June 26, 1912 (Address) Olean Mo.

MAIDEN NAME OF MOTHER Amelia Kollner

*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) Satory, Germany

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Frank Swallow

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

(ADDRESS) Etterville, Mo.

Where was disease contracted
If not at place of death? _____

Filed June 27, 1912 W. S. Allee
REGISTRAR

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Mary Home, Mo. DATE OF BURIAL June 27, 1912

UNDERTAKER J. A. Robertson ADDRESS Olean Mo.

N. B. CAUSE

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.)