

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

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

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 Verona
 County Verona
 Township _____ Registration District No. 876 File No. 22049
 or _____ Primary Registration District No. 3039 Registered No. 116
 Village _____
 or _____
 City Nevada (NO. _____ St. _____ Ward _____)
 FULL NAME John W. Gookan (NO. _____ St. _____ Ward _____)
 ([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 WIDOWED OR DIVORCED <u>Divorced</u> (Write the word)
DATE OF BIRTH <u>Sept 12, 1861</u> (Month) (Day) (Year)		
AGE <u>50 yrs. 9 mos. — ds.</u>		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Lueman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Telegraph Co.</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Ill. 4-95</u>		
PARENTS	NAME OF FATHER <u>Gookan</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill.</u>	
	MAIDEN NAME OF MOTHER <u>not obtainable</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>not obtainable</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. E. Gookan</u> (ADDRESS) <u>Buffalo N.Y.</u>		
Filed <u>June 7, 1912</u>	<u>G. O. Wilson</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 5th, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 16th, 1912, to June 5th, 1912, that I last saw him alive on June 3rd, 1912, and that death occurred, on the date stated above, at 11⁰⁰ a.m.

The CAUSE OF DEATH* was as follows:
90A
132A
Pneumonia
 (Duration) ___ yrs. ___ mos. ___ ds.
 Contributory Valvular Heart Disease
 (SECONDARY) Unknown
 (Duration) ___ yrs. ___ mos. ___ ds.
 Signed V. O. Williams M. D.
June 6, 1912 (Address) Nevada 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 6 yrs. ___ mos. ___ ds. State ___ yrs. ___ mos. ___ ds.
 Where was disease contracted if not at place of death?
 Former or usual residence Buffalo N.Y.

PLACE OF BURIAL OR REMOVAL <u>Nevada Mo.</u>	DATE OF BURIAL <u>6/7, 1912</u>
UNDERTAKER <u>W. J. Naussent</u>	ADDRESS <u>Nevada Mo.</u>

W. O. Williams

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.)



IN 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

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Vernon

Township _____

or

Village _____

or

City Nevada

(NO. _____)

St.: _____

Ward) _____

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

FULL NAME

John W. Gorham

Registration District No. 875

File No. 22049

Primary Registration District No. 3039

Registered No. 116

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

male

COLOR OR RACE

white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
divorced

DATE OF DEATH

June 5, 1912
(Month) (Day) (Year)

DATE OF BIRTH

Sept. 12, 1861
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 16, 1912, to June 5, 1912, that I last saw him alive on June 3, 1912, and that death occurred, on the date stated above, at 11 a. m.

AGE

50 yrs. 9 mos. ds.

If LESS than 1 day, _____ hrs. or _____ mins.

The CAUSE OF DEATH* was as follows:

OCCUPATION

(a) Trade, profession, or particular kind of work

Liverman

(b) General nature of industry, business, or establishment in which employed (or employer)

Telegraph Co.

Bright's Disease

BIRTHPLACE

(City or town, State or foreign country)

Ill.

(Duration) _____ yrs. 4 mos. _____ ds.

Contributory (SECONDARY)

Valvular Heart Disease

NAME OF FATHER

John Gorham

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

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Ill.

(Signed)

V. O. Williams M. D.

MAIDEN NAME OF MOTHER

Not obtainable

June 6, 1912 (Address) Nevada Mo.

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Not Obtainable

*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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. E. Gorham

Where was disease contracted if not at place of death?

Former or usual residence _____

(ADDRESS)

Buffalo N. Y.

PLACE OF BURIAL OR REMOVAL

Nevada Mo.

DATE OF BURIAL

6-7, 1912

Filed

8-6

1912

G. L. Wilson
REGISTRAR

UNDERTAKER

W. J. Waincott

ADDRESS

Nevada Mo.

Original file, date

JUN 7, 1912

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.)