

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

County Buchanan

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City St Joseph

Registration District No. 33

File No. 22247

Primary Registration District No. 001

Registered No. 593

(NO. St Josephs Hospital St. \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

Joseph Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White MARRIED married  
(Write the word)

DATE OF BIRTH June 2, 1865  
(Month) (Day) (Year)

AGE 47 yrs. 1 mos. 2 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Baggageman  
(b) General nature of industry, business, or establishment in which employed (or employer) St Josephs Hospital

BIRTHPLACE (City or town, State or foreign country) Sheridan Lucas Co Iowa

NAME OF FATHER John Jones

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

MAIDEN NAME OF MOTHER Angeline Mitchell

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Joseph Jones  
(ADDRESS) Colorado Spgs Colo

Filed July 6, 1912 W B Kelling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 28, 1912, to July 4, 1912, that I last saw him alive on July 4, 1912, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH\* was as follows:  
Perforation of stomach  
caused by gastric ulcer  
117A

(Duration) 1 yrs. 1 mos. — ds.

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

(Signed) Geo. M. Butler M. D. July 4, 1912 (Address) 722 1/2 Felix

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Heat 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. 7 ds. In the State yrs. \_\_\_ mos. 21 ds.

Where was disease contracted if not at place of death? Colorado Springs Colo

Former or usual residence Colorado Springs Colo

PLACE OF BURIAL OR REMOVAL Colorado Springs Colo DATE OF BURIAL July 8, 1912

UNDERTAKER H. C. Sidenfaden ADDRESS 215 No 10

# 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 tired from business, that factitious affection with re-  
*Farmer (retired, 6 yrs.)*. For using always the same  
padding whatever, write *None*. sease. Examples: *Cere-*

**Statement of cause of** synonym is "Epidemic  
DISEASE CAUSING DEATH (the *phtheria* (avoid use of  
spect to time and causation), report "Typhoid pneu-  
accepted term for the same *onchopneumonia* ("Pneu-  
*brospinal fever* (the only definit); *Tuberculosis of lungs*,  
*cerebrospinal meningitis*"); *Dinoma*, *Sarcoma*, etc. of  
"Crôup"); *Typhoid fever* (never" is less definite; avoid  
*monia*"); *Lobar pneumonia*; *Bt* neoplasms); *Measles*;  
*monia*," unqualified, is indefini  
*meninges*, *peritonaeum*, etc., *Ca*  
..... (name origin; "Can  
use of "Tumor" for maligna

*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.)