

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	
County	<u>Cedar</u>	Registration District No.	<u>165</u>	CERTIFICATE OF DEATH <u>22480</u>
Township	<u>Linne</u>	Primary Registration District No.	<u>5231</u>	File No. <u>3.8</u>
Village				Registered No. <u>3.8</u>
City	(NO. _____) _____	St.	_____	Ward) _____
FULL NAME <u>Harlan M Hammons</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <input checked="" type="checkbox"/> X	COLOR OR RACE <input checked="" type="checkbox"/> X	SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> Married WIDOWED <input type="checkbox"/> OR DIVORCED <input type="checkbox"/> (Write the word)	DATE OF DEATH <input checked="" type="checkbox"/> X	<u>July 24</u> , 191 <u>2</u>
<u>male</u>	<u>white</u>		(Month)	(Day) (Year)
DATE OF BIRTH <u>Apr. 10</u> , 18 <u>77</u>			I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,	
(Month) (Day) (Year)			that I last saw h_____ alive on _____, 191____,	
AGE <u>35</u> yrs. <u>3</u> mos. <u>14</u> ds.	If LESS than 1 day, _____ hrs. or _____ min.?		and that death occurred, on the date stated above, at <u>1 p</u> m.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>X Mer. & Pro.</u>			The CAUSE OF DEATH* was as follows: <u>183</u> <u>Accidental</u> <u>16/ Drowning</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>of 26</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Cedar Co. Mo.</u>			Contributory (SECONDARY) _____	
PARENTS	NAME OF FATHER <u>X J. C. Hammons</u>	(Duration) _____ yrs. _____ mos. _____ ds.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Cedar Co. MO</u>	(Signed) <u>E. Smith</u> M. D.		
	MAIDEN NAME OF MOTHER <u>X Angelina Phillips</u>	<u>July 25</u> , 191 <u>2</u> (Address) <u>Stockton Mo</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Cedar Co. Mo</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>J. Johnson</u>				
(ADDRESS) <u>Stockton Mo.</u>				
Filed <u>July 25</u> , 191 <u>2</u>			REGISTRAR <u>E. Smith</u>	
PLACE OF BURIAL OR REMOVAL <u>Sturgeon Ave</u>			DATE OF BURIAL <u>July 26</u> , 191 <u>2</u>	
UNDERTAKER <u>W. C. Poolin</u>			ADDRESS <u>Stockton</u>	

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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
 County Cedar
 Township Linn
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 165 File No. 22480
 Primary Registration District No. 5231 Registered No. 38

FULL NAME Harlow M. Hammons

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

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Apr 10 1877
(Month) (Day) (Year)

AGE 35 yrs. 3 mos. 14 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE
 (City or town, State or foreign country) Cedar Co Mo

NAME OF FATHER J. C. Hammons

BIRTHPLACE OF FATHER Cedar Co. Mo
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER Angelina Phillips

BIRTHPLACE OF MOTHER Cedar Co. Mo
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. S. Johnson
 (ADDRESS) Runnegan Mo

Filed July 25 1912 E. Smith
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 24 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw him alive on _____, 191____, and that death occurred, on the date stated above, at 1 P. m.

The CAUSE OF DEATH* was as follows:

Accidental
drowning

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

(Signed) E. Smith M. D.
July 25 1912 (Address) Stockton 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 Runnegan Cem DATE OF BURIAL July 25 1912
 UNDERTAKER W. C. Doolin ADDRESS Stockton Mo

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

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Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
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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.)

