

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH  
County Green  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Springfield (NO. 1400 W Dale St., \_\_\_\_\_ Ward)

Registration District No. 318 File No. 22781  
Primary Registration District No. 2001 Registered No. 22884

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

FULL NAME James H. Dake

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married  
DATE OF BIRTH July 10, 1869 (Month) (Day) (Year)  
AGE 43 yrs. 10 mos. 15 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) 5-01

BIRTHPLACE (City or town, State or foreign country) Miller Co Mo  
PARENTS  
NAME OF FATHER Geo Dake  
BIRTHPLACE OF FATHER \_\_\_\_\_  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Emily McKee  
BIRTHPLACE OF MOTHER \_\_\_\_\_  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mary E. Dake  
(ADDRESS) 1400 W. Dale St

Filed July 18, 1912 Wilbur Smith  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 18, 1912 (Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from June 12th, 1912, to July 18th, 1912, and that I last saw him live on July 18th, 1912, and that death occurred, on the date stated above, at 2 1/2 p.m.  
The CAUSE OF DEATH\* was as follows:  
a general nervous broke down resulting in heart disease 92  
(Duration) \_\_\_ yrs. 1 1/2 mos. \_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) Chas. B. Horrell M. D.  
July 18, 1912 (Address) Springfield Mo

\*State the Disease Causing Death, or, if 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 Crocker Mo. DATE OF BURIAL July 27, 1912  
UNDERTAKER W. J. Major ADDRESS Spfld Mo.

V. B.—Every item of information should be supplied as exactly as possible. Exact statement of OCCUPATION and state of mind at death is especially important.

# 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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## PLACE OF DEATH

Greene

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

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

County

Township

Registration District No.

318

File No.

22781

Village

Primary Registration District No.

2001

Registered No.

410

or  
City

Springfield NO 1400 W. Dale

St. Ward

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

FULL NAME

James H. Lake

## 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 July 18, 1912  
(Month) (Day) (Year)

DATE OF BIRTH July 10, 1869  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 1, 1912, to July 18, 1912, that I last saw him alive on July 18, 1912, and that death occurred, on the date stated above, at 2:30 p.m.

AGE 43 yrs. 0 mos. 0 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 Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer)

Acute Regurgitation  
(Duration) 1 1/2 yrs. 0 mos. 0 ds.

BIRTHPLACE (City or town, State or foreign country) Miller Mo.

Contributory (SECONDARY) (Duration) 0 yrs. 0 mos. 0 ds.

NAME OF FATHER Geo. H. Lake

(Signed) G. B. Dorrell M. D.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known

July 18, 1912 (Address) Springfield Mo.

MAIDEN NAME OF MOTHER Emily McKee

\* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Nature of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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

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

At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

(THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted if not at place of death?

(Informant) Mary E. Lake

Former or usual residence

(ADDRESS) 1400 W. Dale St.

PLACE OF BURIAL OR REMOVAL Crocker Mo. DATE OF BURIAL July 29, 1912

Filed July 18, 1912 Wilbur Smith REGISTRAR

UNDERTAKER W. J. Major ADDRESS Spfld. Mo.

Original file, date JUL, 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 "Ashterid," "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.)