

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.

PLACE OF DEATH  
**MACON**

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH  
**23565 22665**

County **MACON** Registration District No. **533** File No. \_\_\_\_\_  
 Township \_\_\_\_\_ or \_\_\_\_\_ Village \_\_\_\_\_ or \_\_\_\_\_ City **Macon** (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 Primary Registration District No. **3027** Registered No. **50**

FULL NAME **Jesse Alexander M Cracker** (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX **Male** COLOR OF RACE **White** SINGLE MARRIED **Married** WIDOWED OR DIVORCED (Write the word)  
 DATE OF BIRTH **July 7, 1875** (Month) (Day) (Year)  
 AGE **36** yrs. **10** mos. **23** ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_ (b) General nature of industry, business, or establishment in which employed (or employer) **300**

BIRTHPLACE (City or town, State or foreign country) **Grundy Co, Mo.**

PARENTS NAME OF FATHER **Wm Alexander** BIRTHPLACE OF FATHER (City or town, State or foreign country) **Carroll Co, Ky** MAIDEN NAME OF MOTHER **Clara M Ford** BIRTHPLACE OF MOTHER (City or town, State or foreign country) **Grundy Co Mo.**

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) **J M Cracker** (ADDRESS) **Galt Mo**

Filed **July 9** 1912 **E. C. Cook** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **June 30**, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from **7:30**, 1912, to **June 30**, 1912, that I last saw him alive on **June 30**, 1912, and that death occurred, on the date stated above, at **12:45** pm. The CAUSE OF DEATH\* was as follows:

**Hemorrhage 1877**  
**170**  
**10 3/4** (Duration) yrs. mos. ds.  
 Contributory **Pistole shot** (SECONDARY) (Duration) yrs. mos. ds.

(Signed) **[Signature]** M. D. **July 1** 1912 (Address) **Macon 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 **Galt Mo** DATE OF BURIAL **July 2**, 1912  
 UNDERTAKER **C. Y. Hawn** ADDRESS **Macon Mo**

# 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.)



PLACE OF DEATH

County

Macon

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

Township

Registration District No.

533

File No.

23565

or Village

Primary Registration District No.

3027

Registered No.

50

or City

Macon

(NO.

St.:

Ward)

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

FULL NAME

James Alexander McCracken

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Aug. 7</u> , 18 <u>75</u> (Month) (Day) (Year)		
AGE <u>36</u> yrs. <u>10</u> mos. <u>23</u> ds.		If LESS than 1 day, ... hrs. ... min. or ... min.

DATE OF DEATH June 30, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Shaw, to June 30, 1912  
that I last saw him alive on June 30, 1912  
and that death occurred, on the date stated above, at 124 1/2 m.

OCCUPATION  
(a) Trade, profession, or particular kind of work Bar tender

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

The CAUSE OF DEATH\* was as follows:  
Hemorrhage

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

(Duration) yrs. mos. ds.

NAME OF FATHER Wm Alexander

BIRTHPLACE OF FATHER (City or town, State or foreign country) Cass Co. Ky.

MAIDEN NAME OF MOTHER Angie M. Ford

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

Contributory (SECONDARY) Pistol shot  
Accidental

(Signed) G. D. Raines M. D.  
July 1, 1912 (Address) Macon Mo.

\*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) Wm McCracken  
(ADDRESS) Galt Mo.

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

Filed July 9, 1912  
C. G. Howe REGISTRAR

PLACE OF BURIAL OR REMOVAL Galt Mo. DATE OF BURIAL July 2, 1912

UNDER-TAKER C. G. Howe ADDRESS Macon, Mo.

MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 ST. LOUIS, MISSOURI  
 This is a duplicate of the original certificate. It is not valid for legal purposes.

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[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.)