

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Monroe</i>		Registration District No.	<i>586</i>	
Township	<i>South Fork</i>		Primary Registration District No.	<i>5784</i>	
or			Registered No.	<i>23660 28701</i>	
Village			St.	Ward	
or					
City	(NO.)				
FULL NAME			<i>Jacob Hanger</i>		
PERSONAL AND STATISTICAL PARTICULARS					
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)			
<i>Male</i>	<i>White</i>	<i>Widower</i>			
DATE OF BIRTH		DATE OF DEATH			
<i>July 30, 1821</i>		<i>July 20, 1912</i>			
(Month) (Day) (Year)		(Month) (Day) (Year)			
AGE		IF LESS than 1 day, ___ hrs. or ___ min.?			
<i>90 yrs. 11 mos. 20 ds.</i>					
OCCUPATION					
(a) Trade, profession, or particular kind of work <i>Retired</i>					
(b) General nature of industry, business, or establishment in which employed (or employer) <i>1-02</i>					
BIRTHPLACE (City or town, State or foreign country) <i>Virginia</i>					
PARENTS	NAME OF FATHER <i>Jacob Hanger</i>				
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Virginia</i>				
	MAIDEN NAME OF MOTHER <i>Don't know</i>				
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>11</i>				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <i>Mrs Kate Lucas</i>					
(ADDRESS) <i>Santa Fe Mo</i>					
Filed <i>July 22, 1912</i> <i>John Drake</i> REGISTRAR					
2) MEDICAL CERTIFICATE OF DEATH					
DATE OF DEATH <i>July 20, 1912</i>					
I HEREBY CERTIFY, that I attended deceased from <i>July 20, 1912</i> , to <i>July 20, 1912</i> , that I last saw him alive on <i>July 20, 1912</i> , and that death occurred, on the date stated above, at <i>10 Am.</i> The CAUSE OF DEATH* was as follows:					
<i>1180</i>					
<i>1-162</i>					
(Duration) ___ yrs. ___ mos. ___ ds.					
Contributory <i>Acute indigestion</i>					
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.					
(Signed) <i>John S. Drake</i> M. D.					
<i>July 22, 1912</i> (Address) <i>Santa Fe Mo</i>					
*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 <i>Santa Fe Mo</i>				DATE OF BURIAL <i>July 21, 1912</i>	
UNDERTAKER <i>Hanger &amp; Snyder</i>				ADDRESS <i>Santa Fe Mo</i>	

# 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*, *Composer*, *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, peritonaeum*, 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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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH  
 County Monroe  
 Township South Fork  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 586 File No. 23660  
 Primary Registration District No. 5784 Registered No. \_\_\_\_\_

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

FULL NAME Jacob Hanger

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE widower  
 MARRIED WIDOWED OR DIVORCED (Write the word)  
 DATE OF BIRTH July 30, 1821  
 (Month) (Day) (Year)  
 AGE 90 yrs. 11 mos. 20 ds.  
 IF LESS than 1 day, hrs. or min.

OCCUPATION (a) Trade, profession, or particular kind of work Farmer & carpenter  
 (b) General nature of industry, business, or establishment in which employed (or employer) retired

BIRTHPLACE (City or town, State or foreign country) Virginia

PARENTS  
 NAME OF FATHER Jacob Hanger  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia  
 MAIDEN NAME OF MOTHER Don't know  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mrs Kate Lucas  
 (ADDRESS) Santa Fe Mo.

Filed Sept 9, 1912 J. S. Drake, M.D. REGISTRAR  
JUL

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 20, 1912  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from July 20, 1912, to July 20, 1912, that I last saw him alive on July 20, 1912, and that death occurred, on the date stated above, at 10 a. m.

The CAUSE OF DEATH\* was as follows:  
Senility  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory acute indigestion  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) John S. Drake M. D.  
July 22, 1912 (Address) Santa Fe 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 Santa Fe, Mo. DATE OF BURIAL July 21, 1912  
 UNDERTAKER Hanger & Snyder ADDRESS Santa Fe Mo.

Original file date \_\_\_\_\_, 19\_\_\_\_ All information called for must be written on this Supplementary Certificate.

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