

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.

Dr Deane  
PLACE OF DEATH

County Wasson

Township Boeck

or

Village \_\_\_\_\_

or

City \_\_\_\_\_

Registration District No. 625

Primary Registration District No. 5827

CERTIFICATE OF DEATH

File No. 237352388

Registered No. 45

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

FULL NAME John Wiley Gresson

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widow</u>
DATE OF BIRTH <u>Oct</u> <u>2</u> , 18 <u>32</u> (Month) (Day) (Year)		
AGE <u>79</u> yrs. <u>9</u> mos. <u>3</u> ds.		If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1-62</u>		
BIRTHPLACE (City or town, State or foreign country) <u>North Carolina</u>		
PARENTS	NAME OF FATHER <u>Jacob Gresson</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>North Carolina</u>	
	MAIDEN NAME OF MOTHER <u>Staley</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>North Carolina</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo A Gresson

(ADDRESS) Maryville Mo

Filed July 6, 1912 T. R. Anthony  
REGISTRAR

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 2<sup>nd</sup>, 1912, to July - 5<sup>th</sup>, 1912, that I last saw him alive on July 5<sup>th</sup>, 1912, and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH\* was as follows:

Pneumonia

108

5 days (Duration) 9 yrs. 5 mos. 5 ds.

Contributory

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

(Signed) L. E. Deane M. D.

July - 6 - 1912 (Address) Maryville 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

Maryville Mo

DATE OF BURIAL

July 8, 1912

UNDERTAKER

J. E. Bailey

ADDRESS

Maryville 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 Nodaway  
 Township Polk  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 625 File No. 23935  
 Primary Registration District No. 5827 Registered No. 45

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

FULL NAME

John Wesley Greeson

## PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>widow</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Oct. 2</u> , 18 <u>32</u> (Month) (Day) (Year)		
AGE <u>79</u> yrs. <u>9</u> mos. <u>3</u> ds.		IF LESS than 1 day, _____ hrs. _____ min. or _____ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) _____		

BIRTHPLACE  
(City or town,  
State or foreign country) North Carolina

PARENTS	NAME OF FATHER <u>Jacob Greeson</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>North Carolina</u>
	MAIDEN NAME OF MOTHER <u>Staley</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>North Carolina</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo. A. Greeson(ADDRESS) Maryville Mo.Filed Sept 12, 1912 T. B. Anthony REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 5, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from  
July 2, 1912, to July 5, 1912  
 that I last saw him alive on July 5, 1912

and that death occurred, on the date stated above, at 8:30 p.m.

The CAUSE OF DEATH\* was as follows:

Lobar Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

Contributory  
(SECONDARY) \_\_\_\_\_

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

(Signed) J. E. Dean M. D.  
July 6, 1912 (Address) Maryville 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 Miriam Maryville Mo. DATE OF BURIAL July 8, 1912

UNDERTAKER J. E. Bailey ADDRESS Maryville Mo.

Original file, date JUL 6, 1912 All information called for must be written on this Supplementary Certificate.

THIS IS A

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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.)