

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
County Platte
Township _____
or
Village _____
or
City Edgerton (NO. _____) St. _____ Ward _____

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
23878 ~~29078~~
File No. _____

Registration District No. 692
Primary Registration District No. 4415 Registered No. _____

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

FULL NAME Henry Johnson

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If file the word) <u>married</u>	DATE OF DEATH <u>June 9, 1912</u> (Month) (Day) (Year)
DATE OF BIRTH <u>Aug 4, 1843</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>Possibly</u> , 191 <u>1</u> , to <u>June 9, 1912</u> , 191 <u>2</u> , that I last saw <u>live on</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>3:30 P.M.</u> and that death occurred, on the date stated above, at <u>3:30 P.M.</u> The CAUSE OF DEATH* was as follows: <u>paralysis of heart</u>	
AGE <u>68 yrs. 10 mos. 12 ds.</u>	IF LESS than 1 day, ___ hrs. or ___ min.?	Died without medical attention (suddenly) <u>not</u> suicide. (Duration) ___ yrs. ___ mos. ___ ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Harness maker</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>5-53</u>		Contributory (SECONDARY) <u>NO</u> (Duration) ___ yrs. ___ mos. ___ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>South Carolina</u>		(Signed) <u>Henry H. Pathogen</u> M. D. <u>June 10, 1912</u> (Address) <u>Edgerton MO</u>	
PARENTS	NAME OF FATHER <u>Ralph Johnson</u>	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>South Carolina</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
	MAIDEN NAME OF MOTHER <u>Susan Johnson</u>	Where was disease contracted if not at place of death? Former or usual residence _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>South Carolina</u>	PLACE OF BURIAL OR REMOVAL <u>Ridgely Cemetery</u> DATE OF BURIAL <u>June 12, 1912</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. H. A. Cabart</u> (ADDRESS) <u>Trimbles, Mo.</u>		UNDERTAKER <u>Rallies + Davis</u> ADDRESS <u>Edgerton Mo</u>	
Filed <u>July 9, 1912</u> <u>L Davis</u> REGISTRAR			

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*, *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.)



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

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

PLACE OF DEATH
County Platte
Township _____
or
Village _____
or
City Edgerton (NO. _____ St.: _____ Ward _____)

Registration District No. 693 File No. 23878 ✓
Primary Registration District No. 4415 Registered No. _____

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

FULL NAME Henry Johnson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH June 9, 1912
(Month) (Day) (Year)

DATE OF BIRTH Aug. 4, 1843
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,
that I last saw h_____ alive on _____, 191____,
and that death occurred, on the date stated above, at 320 ft.

AGE 68 yrs. 10 mos. 6 ds. If LESS than 1 day, _____ hrs. or _____ min.

The CAUSE OF DEATH* was as follows:

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

Possibly Hemiplegia
or heart failure
died without medical attention. Not suicide

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

PARENTS
NAME OF FATHER Ralph Johnson
BIRTHPLACE OF FATHER (City or town, State or foreign country) South Carolina
MAIDEN NAME OF MOTHER Susan Strange
BIRTHPLACE OF MOTHER (City or town, State or foreign country) South Carolina

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) H. H. Patterson M. D.
June 10, 1912 (Address) Edgerton Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. H. A. Calvert
(ADDRESS) Trimble 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 _____

Filed July 9, 1912 L. Davis REGISTRAR

PLACE OF BURIAL OR REMOVAL Ridgley Cemetery DATE OF BURIAL June 12, 1912
UNDERTAKER Rollins & Davis ADDRESS Edgerton Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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