

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		
County	<u>Ripley</u>	Registration District No.	<u>750</u>	File No.	<u>23981 24081</u>
Township	<u>Current River No 1</u>	Primary Registration District No.	<u>5986</u>	Registered No.	<u>33</u>
or	<u>Pratt</u>	(NO. _____) _____	St. _____	Ward _____	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Village					
or					
City					
FULL NAME <u>Charles Wayman Johnson</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWER OR DIVORCED (Write the word)	DATE OF DEATH		
<u>Male</u>	<u>White</u>	<u>Single</u>	<u>July 25, 1912</u> (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<u>Feb 20, 1911</u> (Month) (Day) (Year)			<u>from July 24, 1912, to July 25, 1912,</u>		
AGE			that I last saw him alive on <u>July 25, 4:30 p.m., 1912,</u>		
<u>1 yrs. 5 mos. 5 ds.</u>			and that death occurred, on the date stated above, at <u>5 a.m.</u>		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work <u>Infant</u>			<u>Acute Intestinal Infection</u>		
(b) General nature of industry, business, or establishment in which employed (or employer)			<u>13C</u>		
BIRTHPLACE			<u>130</u>		
(City or town, State or foreign country) <u>Ripley County Missouri</u>			(Duration) _____ yrs. _____ mos. <u>6</u> ds.		
PARENTS	NAME OF FATHER		Contributory (SECONDARY)		
	<u>J. O. Johnson</u>		<u>Nephritis</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country)		(Duration) _____ yrs. _____ mos. <u>2</u> ds.		
	<u>Illinois</u>		(Signed) <u>B. N. Roberson M. D.</u>		
MAIDEN NAME OF MOTHER		<u>7/26, 1912</u> (Address) <u>Hompland</u>			
<u>Almeda Hall</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 MOTHER (City or town, State or foreign country)		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
<u>Arkansas</u>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Where was disease contracted If not at place of death?		
(Informant) <u>J. W. Hall</u>			Former or usual residence _____		
(ADDRESS) <u>Pratt, Mo.</u>			PLACE OF BURIAL OR REMOVAL		
Filed <u>July 26, 1912</u> <u>J. W. Hall</u> REGISTRAR			<u>Merrill Lee</u>		
			DATE OF BURIAL <u>7/26, 1912</u>		
			ADDRESS <u>J. R. Wright & Son Springfield Mo.</u>		

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*, *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

Ripley

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

Township

Current River

Registration District No.

750

File No.

or

Village

Primary Registration District No.

5986

Registered No.

33

or

City

(NO.

St.:

Ward)

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

FULL NAME

Charles Wayman Johnson

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

COLOR OR RACE

white

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

Single

DATE OF BIRTH

Feb. 20, 1911
(Month) (Day) (Year)

AGE

1 yrs. 5 mos. 5 ds.

If LESS than
1 day, hrs. or mins.

OCCUPATION

(a) Trade, profession, or particular kind of work

Infant

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

BIRTHPLACE

(City or town, State or foreign country)

Ripley Co. Mo.

PARENTS

NAME OF FATHER

J. O. Johnson

BIRTHPLACE OF FATHER (City or town, State or foreign country)

Ill.

MAIDEN NAME OF MOTHER

Abnera Hall

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

Arkansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. W. Hall

(ADDRESS)

Pratt, Mo.

Filed

July 26, 1912 J. T. Wright

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

July 25, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

July 24, 1912, to July 25, 1912,

that I last saw him alive on July 25, 1912,

and that death occurred, on the date stated above, at 5 a. m.

The CAUSE OF DEATH* was as follows:

Acute Dysentery

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

nephritis

(Duration) yrs. mos. ds.

(Signed) B. N. Robinson, M. D.

7/26, 1912 (Address) Doniphan, 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

Merrill Caw.

DATE OF BURIAL

7-26, 1912

UNDERTAKER

J. T. Wright Son, Doniphan

ADDRESS

N. B.—Every item of information should be carefully checked. (SEE also) PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be identified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY

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 "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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