

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.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

PLACE OF DEATH
County Greene

Township _____ Registration District No. 318 File No. 29334

or
Village _____ Primary Registration District No. 200 Registered No. 499
or
City Springfield (NO. Cross Hospital St. _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME James Padgett

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Month Not Known, 1867
(Month) (Day) (Year)

AGE 45 IF LESS than 1 day, ___ hrs. or ___ min.?
yrs. mos. ds.

OCCUPATION (a) Trade, profession, or particular kind of work Truck Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) P.A. Co.

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

NAME OF FATHER Padgett

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

MAIDEN NAME OF MOTHER Maude Howard

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H.R. Matthews

(ADDRESS) Lyonsburg Va

Filed Sept 24, 1912 Wilbur Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 24, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 21, 1912, to Sept 24, 1912, that I last saw him alive on Sept 24, 1912, and that death occurred, on the date stated above, at 4:35 p.m.

The CAUSE OF DEATH was as follows:
Chronic Nephritis

131
928

(Duration) one 1/4 yrs. mos. ds.
Contributory Myocard Regurgitation

(Duration) one 1/4 yrs. mos. ds.
(Signed) O.C. Horst

Sept 24, 1912 (Address) Springfield 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 34 yrs. mos. ds. In the State 34 yrs. mos. ds.

Where was disease contracted If not at place of death?
Former or usual residence Morrison Okla.

PLACE OF BURIAL OR REMOVAL Lyonsburg, Va. DATE OF BURIAL Sept 24, 1912

UNDERTAKER O.C. Horst ADDRESS 3025 N. Blvd

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 Greene

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

Township _____

Registration District No. 318File No. 29334

Village _____

Primary Registration District No. 2001Registered No. 499City Springfield(NO. Frisco Hospital)

St. _____ Ward _____

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

FULL NAME

James Padgett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

male

COLOR OR RACE

whiteSINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)single

DATE OF DEATH

Sept. 24, 1912
(Month) (Day) (Year)

DATE OF BIRTH

unknown, 1867
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Aug. 21, 1912, to Sept. 24, 1912that I last saw him alive on Sept. 24, 1912

AGE

45 yrs. _____ mos. _____ ds.If LESS than
1 day, _____ hrs.
or _____ min.and that death occurred, on the date stated above, at 7:35 p.

OCCUPATION

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

Track Laborer

The CAUSE OF DEATH* was as follows:

Chronic nephritis

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

BIRTHPLACE

(City or town, State or foreign country)

Virginia

NAME OF FATHER

Not known

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Virginia

MAIDEN NAME OF MOTHER

Not known

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) VirginiaContributory mitral Regurgitation
(SECONDARY)(Duration) over 4 yrs. _____ mos. _____ ds.(Signed) O. C. Harst M. D.Sept. 24, 1912 (Address) Springfield, 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Matthews(ADDRESS) Lynchburg, Va.Filed Sept 24, 1912 Wilbur Smith REGISTRAR

PLACE OF BURIAL OR REMOVAL

Lynchburg, Va.

DATE OF BURIAL

Sept 25, 1912

UNDERTAKER

McC. Schmeyer

ADDRESS

305 W. WalnutOriginal file date SEP 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.)