

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 Knox
Township _____
or
Village Edina
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 441 File No. 29927
Primary Registration District No. 4259 Registered No. 25

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

FULL NAME James Thompson

PERSONAL AND STATISTICAL PARTICULARS	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>
SINGLE MARRIED <u>Married</u> WIDOWED OR DIVORCED (Write the word)	
DATE OF BIRTH <u>Jun 8 1844</u> (Month) (Day) (Year)	
AGE <u>68</u> yrs. <u>7</u> mos. <u>26</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Labor</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>3-57 930</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Wm Ray, Kentucky</u>	
PARENTS	NAME OF FATHER <u>Jacob Thompson</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know</u>
	MAIDEN NAME OF MOTHER <u>Clements</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Jacob Watters</u> (ADDRESS) <u>Edina, Mo</u>	
Filed <u>Sept 16 1912</u> <u>H. J. Juczen</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Sept 20</u> , 191 <u>2</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>Sept 15</u> , 191 <u>2</u> , to <u>Sept 29</u> , 191 <u>2</u> , that I last saw him alive on <u>Sept 26</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>1 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Heart Disease (Valvular)</u> <u>myocarditis</u> <u>inflammation</u> (Duration) ___ yrs. ___ mos. ___ ds.	
Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.	
(Signed) <u>Geo. Thompson</u> M. D. <u>Sept 30 1912</u> (Address) <u>Edina Mo</u>	
* 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 <u>Linville Cemetery</u>	DATE OF BURIAL <u>Sept 30 1912</u>
UNDERTAKER <u>Kriegshauser Bros</u>	ADDRESS <u>Edina 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. 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.)



WHILE FAINTLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Knox

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

Township _____
or Edina
Village _____
or _____
City _____ (NO. _____)

Registration District No. 441

File No. _____

Primary Registration District No. 4259

Registered No. 25

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

FULL NAME James Thompson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Sept. 30, 1912
(Month) (Day) (Year)

DATE OF BIRTH Jan. 8, 1844
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 15, 1912, to Sept. 30, 1912 that I last saw him alive on Sept. 26, 1912, and that death occurred, on the date stated above, at 11, m.

AGE 68 yrs. 7 mos. 21 ds. If LEGS than 1 day, ____ hrs. or ____ min.

The CAUSE OF DEATH* was as follows:

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

Heart disease (Valvular) myocarditis

BIRTHPLACE (City or town, State or foreign country) Mt. Ray, Kentucky

unknown (Duration) ____ yrs. ____ mos. ____ ds.

NAME OF FATHER Jacob Thompson

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) don't know

(Signed) Geo. S. Brown M. D.

MAIDEN NAME OF MOTHER inplements

Sept. 30, 1912 (Address) Edina, Mo.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) don't know

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) Jacob Matters

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

(ADDRESS) Edina, Mo.

Where was disease contracted If not at place of death? _____

Former or usual residence. _____

Filed Jan 18 1912 H. J. Jurgens REGISTRAR

PLACE OF BURIAL OR REMOVAL Linville Cemetery DATE OF BURIAL Sept. 30, 1912

UNDERTAKER Krieghauer Bros. ADDRESS Edina, Mo.

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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