

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.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<u>Madison</u>	Registration District No.	<u>617</u>
Township	<u>Frank</u>	File No.	<u>30287</u>
or Village		Primary Registration District No.	<u>5819</u>
or City		Registered No.	<u>11</u>
FULL NAME		[If death occurred in a hospital or institution, give its NAME instead of street and number]	
<u>John Brewer</u>			
PERSONAL AND STATISTICAL PARTICULARS		B MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED	DATE OF DEATH
<u>male</u>	<u>white</u>	WIDOWED OR DIVORCED (Write the word)	<u>Sept 28, 1912</u>
		<u>married</u>	(Month) (Day) (Year)
DATE OF BIRTH	AGE		I HEREBY CERTIFY, that I attended deceased from
<u>Oct 11, 1880</u>	<u>81</u> yrs. <u>11</u> mos. <u>12</u> ds.		<u>Sept 14, 1912, to Sept 28, 1912,</u>
	IF LESS than 1 day, hrs. or min.?		that I last saw him alive on <u>Sept 28, 1912,</u>
OCCUPATION	BIRTHPLACE		and that death occurred, on the date stated above, at <u>6 P. M.</u>
(a) Trade, profession, or particular kind of work	<u>Penn</u>		The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)	<u>Farmer</u>		<u>Resemic Poison</u>
	<u>130</u>		<u>132 B</u>
	<u>130</u>		(Duration) yrs. mos. ds.
BIRTHPLACE (City or town, State or foreign country)	PARENTS		Contributory
<u>Penn</u>	NAME OF FATHER	NAME OF MOTHER	(SECONDARY)
	<u>Henry Brewer</u>	<u>Dora Brewer</u>	(Duration) yrs. mos. ds.
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	(Stated) <u>M. M. Callan</u> M. D.
	<u>Germany</u>	<u>Germany</u>	<u>Sept 29, 1912</u> (Address) <u>Barrack no</u>
	MAIDEN NAME OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	<u>Dora Brewer</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)		At place of death yrs. mos. ds. In the State yrs. mos. ds.
	<u>Germany</u>		Where was disease contracted if not at place of death? <u>at Place of Death</u>
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	FORMER OR USUAL RESIDENCE		PLACE OF BURIAL OR REMOVAL
(Informant) <u>Marcellus Brewer</u>	<u>—</u>		<u>Balchaw mo</u>
(ADDRESS) <u>Barrack no</u>			DATE OF BURIAL
Filed <u>Sept 29, 1912</u>	REGISTRAR <u>J. C. Gavalier</u>		<u>Sept 30, 1912</u>
			UNDERTAKER
			<u>J. W. Cannon</u>
			ADDRESS
			<u>Balchaw 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*, *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.)



MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Nodaway
Township Grant
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 617 File No. _____
Primary Registration District No. 3819 Registered No. 11

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

FULL NAME John Brewer

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Sept. 28, 1912
(Month) (Day) (Year)

DATE OF BIRTH Oct. 11, 1830
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 14, 1912, to Sept. 28, 1912, that I last saw him alive on Sept. 28, 1912, and that death occurred, on the date stated above, at 6p., m.

AGE 81 yrs. 11 mos. 17 ds. IF LESS than 1 day, hrs. or mins.

The CAUSE OF DEATH* was as follows:

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

Uremic poison
Due to Acute Nephritis

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

(Duration) _____ yrs. _____ mos. _____ ds.

PARENTS NAME OF FATHER Henry Brewer
BIRTHPLACE OF FATHER Pennsylvania
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Not Know
BIRTHPLACE OF MOTHER Germany
(City or town, State or foreign country)

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Marcelus Brewer
(ADDRESS) Rosendale, Mo.

(Signed) M. M. Pollard M. D.
Sept. 29, 1912 (Address) Barnard, Mo.

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

Filed Sept 29, 1912 J. A. Garrabes REGISTRAR

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 Balchaw, Mo. DATE OF BURIAL Sept. 30 1912
UNDERTAKER Gas. Cann ADDRESS Balchaw, Mo.

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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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