

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 Missouri ✓
 County Platteau
 Township _____ Registration District No. 651 File No. 33710
 or _____
 Village _____ Primary Registration District No. H380 Registered No. 150
 or _____
 City _____ (NO. _____) St. _____ Ward _____
 FULL NAME James Peter [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>Widower</u>
DATE OF BIRTH <u>Lat kind - about 1862</u> (Month) (Day) (Year)		
AGE <u>about 50</u> yrs. — mos. — ds.		IF LESS than 1 day, — hrs. or — min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Common Labor</u>		
(b) General nature of Industry, business, or establishment in which employed (or employer) <u>Common Labor</u>		
BIRTHPLACE (City or town, State or foreign country) <u>James County Ind.</u>		
PARENTS	NAME OF FATHER <u>Samuel James Eston</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>New York</u>	
	MAIDEN NAME OF MOTHER <u>Sarah Tucker</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Indiana</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 21, 1912
 (Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Oct 6, 1912, to Oct 21, 1912, that I last saw him alive on Oct 12, 1912, and that death occurred, on the date stated above, at 7 P. m. The CAUSE OF DEATH* was as follows:

Atrophy of Kidneys
 (Duration) yrs. mos. ds.
 Contributory 1330
 (SECONDARY) (Duration) yrs. mos. ds.

(Signed) W. H. Morgan M. D.
Oct 22, 1912 (Address) Centerville

*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) S. T. Eston
 (ADDRESS) Centerville Mo
 Filed 10/24 1912 B. D. O'Connell REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Dodd Cemetery</u>	DATE OF BURIAL <u>10-22-1912</u>
UNDERTAKER <u>None</u>	ADDRESS <u>None</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*, *Sarcoma*, 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.)

REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS
 CEIVE A FEE FOR CERTIFICATES
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

PLACE OF DEATH
 County Peru
 Township _____
 or
 Village _____
 or
 City Caruthersville

Registration District No. 657 File No. 33710 X
 Primary Registration District No. 4388 Registered No. 150
 St.: _____ Ward) _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME James Eaton

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)
 DATE OF BIRTH don't know about 1862
(Month) (Day) (Year)
 AGE about 50 If LESS than 1 day, ___ hrs. or ___ min.?
 yrs. ___ mos. ___ ds.
 OCCUPATION (a) Trade, profession, or particular kind of work Common laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 21, 1912
(Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Oct. 16, 1912, to Oct. 21, 1912,
 that I last saw him alive on Oct. 21, 1912,
 and that death occurred, on the date stated above, at 7 p.m.
 The CAUSE OF DEATH* was as follows:
Thrombosis of Kidneys

BIRTHPLACE (City or town, State or foreign country) Spencer Co Ind.
 NAME OF FATHER Samuel Thomas Eaton
 BIRTHPLACE OF FATHER (City or town, State or foreign country) N.Y.
 MAIDEN NAME OF MOTHER Sarah Tucker
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind.

Contributory (SECONDARY) _____
(Duration) yrs. mos. ds.
 (Signed) M. J. Jennings M. D.
Oct. 22, 1912 (Address) Caruthersville

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) S. T. Eaton
 (ADDRESS) Caruthersville 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 Dec 16 1912 B. Desautels
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Wood Cemetery DATE OF BURIAL 10-22-1912
 UNDERTAKER none ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK. 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.

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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, Sarcoma*, 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 "*Asihenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con-genital*," "*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 septichaemia*," "*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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