

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

PLACE OF DEATH

County St. Francois

Township Perry

Village _____

City Bonne Terre (NO. _____) St. _____ Ward _____

Registration District No. 775

File No. 34001

Primary Registration District No. 0020

Registered No. 83

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

FULL NAME

James Jones

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Don't know
(Month) (Day) (Year)

AGE Don't know If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) A-6-10

BIRTHPLACE (City or town, State or foreign country) Tenn.

NAME OF FATHER Don't know

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

MAIDEN NAME OF MOTHER Unable to state

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse Jones
(ADDRESS) Bonne Terre Mo

Filed 10/5 1912 T. A. Don REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 4, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at 10:10 a.m.

The CAUSE OF DEATH* was as follows:
Paralysis - no physician in charge of case

(Duration) 11 yrs. ___ mos. ___ ds.
Contributory Don't know
(Duration) ___ yrs. ___ mos. ___ ds.
(Signed) T. A. Don M. D.
Oct 5 1912 (Address)

*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 Germany Cemetery DATE OF BURIAL Oct 6 1912

UNDERTAKER PA Benham ADDRESS Bonne Terre Mo

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

line will be sufficient, e. g., *Farmer* or *Planter*, *Composer*, *Architect*, *Locomotive engineer*, *Miner*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an additional line is provided for the latter statement; it is to be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Blacksmith*, (b) *Automobile factory*. The material on this line may form part of the second statement of cause of death. Return "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as *Miner*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *Child—At home*. Care should be taken to specify specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given

in the 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 report diseases resulting from childbirth or pregnancy as "PUERPERAL septicaemia," "PUERPERAL eclampsia," etc. For persons who have had surgery, state cause for which surgical operation was taken. For VIOLENT DEATHS state MEANS, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDE, if probably such, if impossible to determine, as "Accidental drowning"; *Struck by train—accident*; *Revolver wound of head*; *Poisoned by carbolic acid—probably suicide*. For structure of the injury, as fracture of skull, specify the nature of the injury, as fracture of skull, etc. Sequences (e. g., *sepsis*, *tetanus*) may be stated as "Contributory." (Recommendation of the American Medical Association.)

