

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

PLACE OF DEATH
County Cole

Township _____
or
Village _____
or
City Jeff. City, Mo. (NO. 819-2, Elm St., _____ Ward)

Registration District No. 213

File No. 35648

Primary Registration District No. 3014

Registered No. 184

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

FULL NAME James David Trammel

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE negro SINGLE MARRIED married WIDOWED OR DIVORCED (If write the word)

DATE OF DEATH Nov 15, 1912
(Month) (Day) (Year)

DATE OF BIRTH Sept 30, 1869
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 1, 1912, to Nov 15, 1912, that I last saw him alive on Nov 14, 1912, and that death occurred, on the date stated above, at 11 P.m.

AGE 43 yrs. 2 mos. ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Janitor
(b) General nature of industry, business, or establishment in which employed (or employer) 3-15

23R
Tuberculosis Pulmonary

BIRTHPLACE (City or town, State or foreign country) Howard Co.

(Duration) yrs. 3 mos. ds.

NAME OF FATHER James Trammel

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

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

(Signed) M R Academy, M. D.
Nov 17, 1912 (Address) Jefferson City

MAIDEN NAME OF MOTHER Clara Trammel

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

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Howard Co.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Dora Trammel

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

(ADDRESS) 819 E. Elm
Jefferson City, Mo.

Where was disease contracted If not at place of death?

Filed Nov 18, 1912 REGISTRAR Walter H. Jones, Jr.

Former or usual residence

PLACE OF BURIAL OR REMOVAL City Cemetery DATE OF BURIAL 11/18, 1912

UNDERTAKER Walter H. Jones, Jr. ADDRESS

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.

RECORDED BY MISS CRISTIANO AND MISS ISABELLA

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) *Colton 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, peritonaeum*, 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" ("Congenita," "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

Cole

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

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CERTIFICATE OF DEATH

Township

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184

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Jefferson Co Mo. (No.

St.:

Ward)

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

FULL NAME

James David Traummel

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

m

COLOR OR RACE

Negro

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

married

DATE OF DEATH

Nov 15

(Month)

(Day)

1912

DATE OF BIRTH

Sept 30

(Month)

(Day)

1869

(Year)

AGE

43

yrs.

2

mos.

ds.

IF LESS than
1 day, hrs.
or mins.

I HEREBY CERTIFY, that I attended deceased from

Sept 1, 1912, to

Nov 15, 1912,

that I last saw h^e alive on

Nov 14, 1912,

and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH* was as follows:

Tuberculosis Pulmonary

OCCUPATION

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

Janitor

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

BIRTHPLACE

(City or town, State or foreign country)

Howard Co.

(Duration)

yrs. 3

mos. ds.

NAME OF FATHER

James Traummel

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

Howard Co.

MAIDEN NAME OF MOTHER

Ella Unknown

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

Howard Co.

Contributory

(SECONDARY)

(Duration)

yrs. mos. ds.

(Signed)

M. P. Aldredge

M. D.

Jefferson City

*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) Mrs Dan Traummel

(ADDRESS) 879 E. Elm

PLACE OF BURIAL OR REMOVAL

City Center

DATE OF BURIAL

11/18 1912

Filed

Nov 15 1912

J. P. Porch, M.D.
REGISTRAR

UNDERTAKER

W. A. H. Hymon, Jr., M.D.

ADDRESS

Original file, date

001

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All information called for must be written on this Supplementary Certificate.

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.

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