

PLACE OF BIRTH

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

County Jasper
Township _____
or
Village _____
or
City Joplin (NO. 1921 Camp St.; _____ Ward)

Registration District No. 411 File No. 39575
Primary Registration District No. 2000 Registered No. 508

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

FULL NAME George W. Hight

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE <u>Married</u> MARRIED WIDOWED OR DIVORCED (Write the date)
DATE OF BIRTH <u>May 20 1837</u> (Month) (Day) (Year)		
AGE <u>75</u> yrs. <u>5</u> mos. <u>11</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?

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

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

PARENTS	NAME OF FATHER <u>Geo. Hight</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u>
	MAIDEN NAME OF MOTHER <u>Unknown</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Unknown</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. Hight
(ADDRESS) 2511 Jackson
12/6 1912 J. C. Gregg
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/5 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12/1, 1912, to 12/5, 1912, that I last saw him alive on 12/5, 1912, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:
Ulcers of Stomach
1174
1038
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory Amorrhage
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) R. W. Amos. M. D.
12/5, 1912 (Address) 422 main

*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>Fairview</u>	DATE OF BURIAL <u>12/5</u> , 191 <u>2</u>
UNDERTAKER <u>Hullett</u>	ADDRESS <u>422 main</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*; *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" ("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.)

PLACE OF DEATH

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

CERTIFICATE OF DEATH

County Jasper

Registration District No. 411

File No. 2

Township

Primary Registration District No. 2002

Registered No. 508

or
Village

or
City

Joplin

(NO. 1921 Empire)

St.: _____ Ward

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

FULL NAME

George W. Hight

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 12-5, 1912
(Month) (Day) (Year)

DATE OF BIRTH May 20, 1837
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 12/5, 1912, to 12-5, 1912, that I last saw him alive on 12-5, 1912, and that death occurred, on the date stated above, at 80 m.

AGE 75 yrs. 5 mos. 11 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 Merchant retired
(b) General nature of industry, business, or establishment in which employed (or employer)

Ulcer of stomach

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

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

NAME OF FATHER Geo. Hight

(Signed) P. W. Amos M. D. (Duration) _____ yrs. _____ mos. _____ ds.

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

(Address) 422 Main

MAIDEN NAME OF MOTHER unknown

*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) unknown

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) W. C. Hight

Where was disease contracted if not at place of death?

(ADDRESS) 2511 Jackson

Former or usual residence _____

Filed 12/6 1912 A. M. Gregg REGISTRAR

PLACE OF BURIAL OR REMOVAL Fairview DATE OF BURIAL 12-5, 1912

UNDERTAKER Hurlbut ADDRESS 4th + Va

EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. ACCURACY OF FACTS SHOULD BE GUARANTEED. EXACT STATEMENTS SHOULD BE GIVEN IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

PHYSICIANS SHOULD BE STATEFUL IN GIVING THE CAUSE OF DEATH. EXACT STATEMENTS SHOULD BE GIVEN IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

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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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