

MARGIN RESERVED FOR BINDING

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.

MISSOURI STATE BOARD OF BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH: Saline County, Registration District No. 796, File No. 41617, Township, Village, or City: Marshall, Primary Registration District No. 3038, Registered No. 134, FULL NAME: James A. Laukford

PERSONAL AND STATISTICAL PARTICULARS: SEX: M, COLOR OR RACE: White, SINGLE MARRIED WIDOWED OR DIVORCED: Single, DATE OF BIRTH: May 23, 1838, AGE: 74 yrs, 7 mos, 2 ds, OCCUPATION: Retired Stockman, BIRTHPLACE: Mo, NAME OF FATHER: Jesse Laukford, BIRTHPLACE OF FATHER: Va, MAIDEN NAME OF MOTHER: Nancy Garrett, BIRTHPLACE OF MOTHER: Va

MEDICAL CERTIFICATE OF DEATH: DATE OF DEATH: Dec 25, 1912, I HEREBY CERTIFY, that I attended deceased from Dec 25th, 1912, to Dec 25th, 1912, that I last saw him alive on Dec 25th, 1912, and that death occurred, on the date stated above, at 12:19 m. The CAUSE OF DEATH* was as follows: Fatal Syncope 1990, (Duration) 15 or 20 minutes, Contributory none so far as known, (Signed) J. E. Harris M. D., Dec 26th, 1912 (Address) Marshall Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) P. M. Walker (ADDRESS) Marshall Mo, Filed Dec 28, 1912, A. C. Putnam REGISTRAR

PLACE OF BURIAL OR REMOVAL: Ridge Park, DATE OF BURIAL: Dec 27, 1912, UNDERTAKER: P. M. Walker, ADDRESS: Marshall 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 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 meningitis*, *peritonaeum*, 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.)



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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 Saline
Township _____
or
Village _____
or
City Marshall (NO. _____ St.: _____ Ward _____)

Registration District No. 796 File No. _____
Primary Registration District No. 3038 Registered No. 134

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

FULL NAME James H. Lankford

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single
(Write the word)
DATE OF BIRTH May 23, 1838
(Month) (Day) (Year)
AGE 74 yrs. 7 mos. 2 ds. If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work Stockman
(b) General nature of industry, business, or establishment in which employed (or employer) retired

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 25, 1912
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Dec. 25, 1912, to Dec. 25, 1912
that I last saw him alive on Dec. 25, 1912
and that death occurred, on the date stated above, at 12:10 p.m.
The CAUSE OF DEATH* was as follows:
Fatal Syncope
Had no organic lesion of any kind. He simply died, all at once, of heart failure and I don't know the specific cause I don't think I don't know.
(Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) Mo. Tenn.
PARENTS
NAME OF FATHER Jesse Lankford
BIRTHPLACE OF FATHER (City or town, State or foreign country) Va.
MAIDEN NAME OF MOTHER Nancy Garrett
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Va.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. E. Harris M. D. Dec. 26, 1912 (Address) Marshall Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. M. Walker
(ADDRESS) Marshall, 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 Feb 10, 1913 R. M. Walker REGISTRAR

PLACE OF BURIAL OR REMOVAL Ridge Park DATE OF BURIAL Dec. 27, 1912
UNDERTAKER P. M. Walker ADDRESS Marshall

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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