

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

PLACE OF DEATH

County Greene

Township _____

Registration District No. 318

File No. 899

or Village _____

Primary Registration District No. 2001

Registered No. 36

or City Springfield, Mo. (NO. 743 E Elm St.; 1st Ward)

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

FULL NAME Joseph H. Neal

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Married
MARRIED Married
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH February 3, 1870
(Month) (Day) (Year)

AGE 42 yrs. 11 mos. 18 ds. If LESS than
1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer) Vehicle

BIRTHPLACE Near Reidsville N.C.
(City or town, State or foreign country)

NAME OF FATHER Thos. Naariner

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

MAIDEN NAME OF MOTHER Nellie

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. D. Reisenberry

(ADDRESS) Springfield, Mo.

Filed Jan 21, 1913 Wilbur Smith REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 21, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 3, 1912, to Jan 21, 1913, that I last saw him alive on Jan 7, 1913, and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial Nephritis
1311
2/27 (Duration) Don't know yrs. ___ mos. ___ ds.

Contributory Arterio Sclerosis
(SECONDARY) Don't know (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) A. L. Anderson M. D.
Jan 21, 1913 (Address) 318 College St.

*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

Hazelwood

DATE OF BURIAL

Jan 22, 1913

UNDERTAKER

Tassoan M. Co. 410 South

ADDRESS

[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.)

1901
1901

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE above 15 years should be in full terms, so that it may be properly understood. Every item of information should be carefully supplied. AGE above 15 years should be in full terms, so that it may be properly understood.

MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Greene

Township _____
or
Village _____
or
City Springfield (NO. 743 E. Elm)

Registration District No. 318
Primary Registration District No. 2001

File No. _____
Registered No. 30

FULL NAME Joseph H. Neal

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

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED married
(If wife the word)

DATE OF BIRTH Feb. 3, 1870
(Month) (Day) (Year)

AGE 42 yrs. 11 mos. 13 ds.
If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Manufacturer
(b) General nature of industry, business, or establishment in which employed (or employer) Vehicle

BIRTHPLACE (City or town, State or foreign country) near Reidsville, Mo.

PARENTS
NAME OF FATHER Thos. Warriner
BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know
MAIDEN NAME OF MOTHER Nettie Arnold
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. P. Suesenburg
(ADDRESS) Springfield, Mo.

Filed Mar 8 1913 Ulber Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 21, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 3, 1912, to Jan. 21, 1913, that I last saw him alive on Jan. 7, 1913, and that death occurred, on the date stated above, at 8:45 a.m.

The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis

(Duration) ___ yrs. ___ mos. ___ ds.
Contributory arterio sclerosis
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) A. L. Anderson M. D.
Jan. 21, 1913 (Address) 318 College St.

*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 Hazelwood DATE OF BURIAL Jan. 22, 1913
ADDRESS 410 South

Revised United States Standard Certificate of Death

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

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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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