

PLACE OF DEATH

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

County _____

Township _____

Registration District No. 791File No. 3894or
Village _____Primary Registration District No. 1003Registered No. 1048City St Louis Mo (NO. Desconues hospital St. 28 Ward)

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

FULL NAME George F Fleming

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)DATE OF BIRTH Mar 23, 1889
(Month) (Day) (Year)AGE 23 yrs. 10 mos. 7 ds. IF LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION (a) Trade, profession, or particular kind of work Druggist(b) General nature of industry, business, or establishment in which employed (or employer) as aboveBIRTHPLACE (City or town, State or foreign country) Mo. W. 30NAME OF FATHER Jas D FlemingBIRTHPLACE OF FATHER (City or town, State or foreign country) MoMAIDEN NAME OF MOTHER Martha JonesBIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. S. Young
(ADDRESS) Poplar Bluff Mo.Filed JAN 31 1913 Mable Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 30, 1913
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan 8th, 1913, to Jan 30, 1913, that I last saw him alive on Jan 30, 1913, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:

Abcess of Brain.
11 A
104 B
78 A (Duration) ___ yrs. 10 mos. 22 ds.Contributory Laluppe
(SECONDARY) (Duration) ___ yrs. 1 mos. ___ ds.(Signed) J. W. Vaughan M. D.
Jan 30, 1913 (Address) 1259 N. Kentucky

*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. 1 mos. 17 ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence Poplar Bluff MoPLACE OF BURIAL OR REMOVAL Poplar Bluff Mo DATE OF BURIAL 1/31, 1913UNDERTAKER J. M. Ambroski ADDRESS 4234 Manchester

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.

FURNISHING RECORD

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

County _____

Township _____

or

Village _____

or

City St. Louis (NO. Deaconess Hospital)REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

Registration District No. 791

File No. _____

Primary Registration District No. 1003Registered No. 1048FULL NAME George T. Fleming(If death occurred in a
hospital or institution,
give its NAME instead
of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u>
DATE OF BIRTH <u>March 23, 1889</u> (Month) (Day) (Year)		
AGE <u>23</u> yrs. <u>10</u> mos. <u>7</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?

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

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

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

PARENTS	NAME OF FATHER <u>Gas. N. Fleming</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Tenn.</u>
	MAIDEN NAME OF MOTHER <u>Margie Jonas</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Mo.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. J. Young
(ADDRESS) Poplar Bluff, Mo.Filed 3-31-1913 W. H. Brody
DEPUTY REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 30, 1913
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from
Jan. 28, 1913, to Jan. 30, 1913,
that I last saw him alive on Jan. 30, 1913,
and that death occurred, on the date stated above, at 5 p. m.

The CAUSE OF DEATH* was as follows:

Abscess of Brain
Complicated with frontal Sinus.(Duration) yrs. mos. 22 ds.Contributory La Grippe
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) W. W. Vaughan M. D.
Jan. 30, 1913 (Address) 1259 King Highway*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 Poplar Bluff, Mo. DATE OF BURIAL 1/31, 1913UNDERTAKER Wm. Ambruster ADDRESS 4134 ManchesterOriginal file date JAN 31 1913 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.

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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