

PLACE OF DEATH

County

Saline

Township

Cambridge

or

Village

or

City

Registration District No.

794

File No.

3737

Primary Registration District No.

60084

Registered No.

1

St.: Ward)

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

FULL NAME

James P. Allen

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

Colored

SINGLE

MARRIED

WIDOWED

OR DIVORCED

(Write the word)

Married

DATE OF BIRTH

February - 15, 1850

AGE

62 yrs. 11 mos. 4 ds.

If LESS than
1 day, ____ hrs.
or ____ min.?

OCCUPATION

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

Carpenter

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

5-01

BIRTHPLACE

(City or town,
State or foreign country)

Near Dalton Mo.

PARENTS

NAME OF FATHER

James Allen

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Lexington Mo

MAIDEN NAME OF MOTHER

Margaret Allen

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

North of Charleston
Charleston W. Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Stephen J. Gay

(ADDRESS)

Atchison Kans

Filed

Jan 20, 1913

J. H. D. Writcher

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Jan 19, 1913

I HEREBY CERTIFY, that I attended deceased from
Jan 13, 1913, to Jan 18, 1913,
that I last saw him alive on Jan 18, 1913,
and that death occurred, on the date stated above, at 5 P. M.

The CAUSE OF DEATH* was as follows:

Constriction of Portal Circulation.
Hypertrophied Liver

12 1/2

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

S. R. King M.D.

M.D.

Jan 20, 1913

(Address) Saline 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

PLACE OF BURIAL OR REMOVAL

Nannash Cem. near

DATE OF BURIAL

Jan 21, 1913

UNDERTAKER

J. G. Benson Dalton Mo.

ADDRESS

William Mo

Revised

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*, *peritoneum*, 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 Saline
 Township Cambridge
 or
 Village
 or
 City

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. 794 File No.
 Primary Registration District No. 6037a Registered No. 1
 St. Ward

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

FULL NAME

James P. Allen

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Feb. 15, 1890
 (Month) (Day) (Year)

AGE 62 yrs. 11 mos. 6 ds. If LESS than
 1 day, hrs. or min.?

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

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

PARENTS
 NAME OF FATHER James Allen
 BIRTHPLACE OF FATHER Lexington Mo.
 (City or town, State or foreign country)
 MAIDEN NAME OF MOTHER Margaret Doss Brad
 BIRTHPLACE OF MOTHER Chariton Co.
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Steffen J. Lay X
 (ADDRESS) Atchison, Kans.

Filed Jan 20 1913 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan. 19, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Jan. 13, 1913, to Jan. 18, 1913,
 that I last saw him alive on Jan. 18, 1913,
 and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH* was as follows:
Congestion of portal circulation
Hypertrophied Liver

Contributory
 (SECONDARY)
 (Duration) yrs. mos. ds.
 (Signed) S. P. King M. D.
Jan. 20, 1913 (Address) Saline 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.

PLACE OF BURIAL OR REMOVAL near Dalton Mo. DATE OF BURIAL Jan. 21, 1913
 UNDERTAKER T. G. Genser ADDRESS William
Mo.

Original file, date JAN 20 1913, 19. All information called for must be written on this Supplementary Certificate.

Every death should be reported to the Registrar by the physician, or, if no physician, by the coroner, or, if no coroner, by the next of kin. The death should be reported as soon as possible after it occurs, so that it may be properly classified. Exact statement of cause of death is important.

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*.

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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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