

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.

FADING INK—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH

County Jasper
Township Union
or
Village
or
City _____ (NO. _____ St. _____ Ward)

Registration District No. 408 File No. 9494
Primary Registration District No. 5365 Registered No. 37

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

FULL NAME John H Lewis

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>April 4</u> , 1 <u>847</u> (Month) (Day) (Year)		
AGE <u>65</u> yrs. <u>9</u> mos. <u>14</u> ds. if LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1-09</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Jasper Co., Mo.</u>		
PARENTS	NAME OF FATHER <u>Hedding Lewis</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Penn.</u>	
	MAIDEN NAME OF MOTHER <u>Martha Crum</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Pa.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 18, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mon 15, 1913, to March, 1913, that I last saw him alive on March 18, 1913, and that death occurred, on the date stated above, at 6 A m.

The CAUSE OF DEATH* was as follows:
Paralysis Central
softening
81
(Duration) ___ yrs. ___ mos. ___ ds.

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

(Signed) W E Steele M. D.
Mar 19, 1913 (Address) 504 Main
Carthage Mo

*State the Disease Causing Death, or, in deaths from violent cause, 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Lewis

(ADDRESS) Carthage Mo.

Filed Mar 19, 1913, James Boyd
REGISTRAR

PLACE OF BURIAL OR REMOVAL Dudman Cemetery DATE OF BURIAL March 19, 1913

UNDERTAKER Snell and Co ADDRESS Carthage, 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, 8 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 "Asihenia," "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.)

Handwritten notes:
"Contributory"
"Measles"
"29 ds."
"Bronchopneumonia"
"10 ds."
"Whooping cough"
"Chronic valvular heart disease"
"Chronic interstitial nephritis"
"Asihenia"
"Anaemia"
"Atrophy"
"Collapse"
"Coma"
"Convulsions"
"Debility"
"Congenital"
"Senile"
"Dropsy"
"Exhaustion"
"Heart failure"
"Haemorrhage"
"Inanition"
"Marasmus"
"Old age"
"Shock"
"Uraemia"
"Weakness"
"Sepsis"
"Tetanus"
"Cerebrospinal meningitis"
"Diphtheria"
"Croup"
"Typhoid pneumonia"
"Lobar pneumonia"
"Bronchopneumonia"
"Pneumonia"
"Tuberculosis of lungs"
"meninges"
"peritoneum"
"Carcinoma"
"Sarcoma"
"Cancer"
"Tumor"
"Measles"

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

PLACE OF DEATH

County Jasper
 Township Union
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 408 File No. _____

Primary Registration District No. 5565 Registered No. 37

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

FULL NAME

John H. Lewis

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Apr 4 1847
 (Month) (Day) (Year)

AGE 66 yrs. 9 mos. 14 ds. IF LESS than 1 day, ___ hrs. or ___ min.

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

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

PARENTS
 NAME OF FATHER William Lewis
 BIRTHPLACE OF FATHER (City or town, State or foreign country) W. Va.
 MAIDEN NAME OF MOTHER Martha Crum
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. C. Lewis
 (ADDRESS) Coathage, Mo.

Filed Aug 12 1913 W. C. Steele REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3-18 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 3-15 1913, to 3 1913, and I last saw him alive on 3-18 1913

and that death occurred, on the date stated above, at 6 a m.

The CAUSE OF DEATH* was as follows:
Paralysis
Cerebral softening

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

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

(Signed) _____ M. D.
3/19 1913 (Address) 504 Main Coathage

*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 Dudson Cem DATE OF BURIAL 3/19 1913

UNDERTAKER Knell Hud Co. Coathage ADDRESS _____

SUPPLEMENTARY

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.

