

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 HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County St. Clair
Township Spirdwell or Village _____
City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 769 File No. 10493
Primary Registration District No. 768/5 Registered No. _____

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

FULL NAME James Harvey McKinley

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED Married
WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH October 29, 1834
(Month) (Day) (Year)
AGE 78 yrs. 4 mos. 10 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) Self-employed

BIRTHPLACE (City or town, State or foreign country) Kentucky
PARENTS
NAME OF FATHER Solomon McKinley
BIRTHPLACE OF FATHER (City or town, State or foreign country) _____
MAIDEN NAME OF MOTHER Mary Ann Cain
BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. G. M. Kinley (records)
(ADDRESS) St. Charles, Mo.

Filed March 15, 1913 J. P. Gachright REGISTRAR
Chas. B. Gachright

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 10, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 9, 1912, to Feb 17, 1913, that I last saw him alive on Feb 17, 1913, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:
Carcinoma of Liver
+ Gall ducts 4-E
126
1270
About (Duration) ___ yrs. ___ mos. ___ ds.

Contributory Obstruction of ducts by stone (Duration) ___ yrs. ___ mos. ___ ds.
(Duplicate) ___ yrs. ___ mos. ___ ds.
(Signed) J. B. Kinley M. D.
March 11, 1913 (Address) St. Charles, 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 Pleasant Spys Cem DATE OF BURIAL March 12, 1913
UNDERTAKER Siders & Stephens ADDRESS St. Charles, 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 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 "Asthemia," "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 septicæmia," "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 carbonic 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.)

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

PLACE OF DEATH

County St. Clair
Township Sperdwell
or
Village
or
City (NO. _____ St.: _____ Ward _____)

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

Registration District No. 769 File No. +
Primary Registration District No. 6015 Registered No. 1

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

FULL NAME James Harvey McFinley

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH October 29, 1834
(Month) (Day) (Year)
AGE 78 yrs. 4 mos. 10 ds. if LESS than 1 day, ___ hrs. or ___ min.

DATE OF DEATH March 10, 1913
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Sept 19, 1912 to Feb 17, 1913, that I last saw him alive on Feb 17, 1913, and that death occurred, on the date stated above, at 9 P. m.

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

The CAUSE OF DEATH* was as follows:
Carcinoma of Liver & Gall Ducts!

BIRTHPLACE (City or town, State or foreign country) Kentucky

About (Duration) 2 yrs. ___ mos. ___ ds.

PARENTS
NAME OF FATHER Solomon McFinley
BIRTHPLACE OF FATHER Indiana
MAIDEN NAME OF MOTHER Mary Ann Cain
BIRTHPLACE OF MOTHER Indiana

Contributory Obstruction of ducts by stone (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) W. P. Royston M. D.
Mar 11, 1913 (Address) Sp. Dorado Springs

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) P. J. McKinley

*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.

(ADDRESS) St. Charles, Mo.
FILED Nov 15 1913
REGISTRAR P. J. Gathright

PLACE OF BURIAL OR REMOVAL Essent Spgs Cem
DATE OF BURIAL Mar 12 1913
UNDERTAKER Siders & Stephens
ADDRESS St. Dorado Springs

Original file, date Nov 15 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.

MISSOURI STATE BOARD OF HEALTH

Revised United States Standard Certificate of Death

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

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10493

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.)