

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

PLACE OF DEATH San Francisco  
 County San Francisco  
 Township Perry Registration District No. 775 File No. 10526  
 or Bonanza Primary Registration District No. 6020 Registered No. 37  
 Village Bonanza  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Frank Wilson

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married  
 WIDOWED OR DIVORCED  
 (Write the word)  
 DATE OF BIRTH Male 25<sup>th</sup> 1913  
 (Month) (Day) (Year)  
 AGE 29 yrs. 3 mos. 15 ds. IF LESS than  
 1 day, \_\_\_ hrs.  
 or \_\_\_ min.?

## OCCUPATION

(a) Trade, profession, or particular kind of work Ry Brake man  
 (b) General nature of industry, business, or establishment in which employed (or employer) of - 15 - 15

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

NAME OF FATHER J. J. Wilson  
 BIRTHPLACE OF FATHER St. Louis, Mo.  
 (City or town, State or foreign country)  
 MAIDEN NAME OF MOTHER M. Ciminow  
 BIRTHPLACE OF MOTHER Ill.  
 (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clorine Wilson

(ADDRESS) Desloge, Mo.

Filed Mar. 26, 1913

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Male 25<sup>th</sup> 1913  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Male 21<sup>st</sup> 1913, to 9 PM Male 25<sup>th</sup>, 1913, that I last saw him alive on Male 25<sup>th</sup> 1913, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH\* was as follows:

Shock from crushing injuries  
of both legs  
2296  
2297  
 Contributory to accident  
 (SECONDARY) (Duration) yrs. \_\_\_ mos. \_\_\_ ds.  
 (Signed) H. P. Poston M. D.  
3-28-1913 (Address) Bonanza, 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. 14 yrs. 3 mos. 15 ds. In the State 29 yrs. 3 mos. 15 ds.

Where was disease contracted Desloge, Mo.  
 If not at place of death?

Former or usual residence Desloge, Mo.

PLACE OF BURIAL OR REMOVAL Cathedral Cemetery DATE OF BURIAL Mar 26, 1913

UNDERTAKER P. A. Benham ADDRESS Bonanza, 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*, *Composer*, *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*, *Sar-*

*coma*, 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.)

