

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. Louis  
Township \_\_\_\_\_  
or \_\_\_\_\_  
Village Myrtlewood  
or \_\_\_\_\_  
City St. Louis

Registration District No. 786 File No. 1110578  
Primary Registration District No. 4469 Registered No. 11  
(NO. 7337 Myrtlewood St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME Nathaniel O Gandy

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widower</u> <small>(Write the word)</small>
DATE OF BIRTH <u>Aug 10 1860</u> <small>(Month) (Day) (Year)</small>		
AGE <u>52 yrs. 6 mos. 20 ds.</u>		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Pattern Maker</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Iron Steel</u>		
BIRTHPLACE (City or town, State or foreign country) <u>New Jersey</u>		
PARENTS	NAME OF FATHER <u>James Gandy</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>New Jersey</u>	
	MAIDEN NAME OF MOTHER <u>Dare</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>New Jersey</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) C. E. Gandy

(ADDRESS) 7337 Myrtlewood  
Filed 3/31 1913  
REGISTRAR [Signature]

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH March 30 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 27, 1913, to March 30, 1913, that I last saw him alive on March 29, 1913, and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Labor Pneumonia

108  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 5 ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) [Signature] M. D.  
March 30 1913 (Address) 1242<sup>nd</sup> Jam...

\*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 Bellefontaine DATE OF BURIAL Apr 1 1913  
UNDERTAKER [Signature] ADDRESS 423<sup>rd</sup> Manchester

# 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 "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 St. Louis

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Maplewood (NO \_\_\_\_\_)

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

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 786

File No. \_\_\_\_\_

Primary Registration District No. 4469Registered No. 11St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

## FULL NAME

Nathaniel D Gandy

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED Widower  
(Write the word)DATE OF BIRTH Aug. 10, 1860  
(Month) (Day) (Year)AGE 52 yrs. 6 mos. 20 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.OCCUPATION  
(a) Trade, profession, or particular kind of work Pattern Maker  
(b) General nature of industry, business, or establishment in which employed (or employer) Front StreetBIRTHPLACE  
(City or town, State or foreign country) New JerseyPARENTS  
NAME OF FATHER James Gandy  
BIRTHPLACE OF FATHER (City or town, State or foreign country) N. J.  
MAIDEN NAME OF MOTHER Elizabeth Ware  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) New JerseyTHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) C. E. Gandy(ADDRESS) 7337 Myrtle in MaplewoodFiled 3/31 1913 M. D. Greer  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 30, 1913  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Mar 27, 1913, to Mar 30, 1913, that I last saw him alive on Mar 29, 1913, and that death occurred, on the date stated above, at 12<sup>50</sup> a.m.The CAUSE OF DEATH\* was as follows:  
Lobar PneumoniaContributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) S. A. Hill M. D.  
2-30-13 (Address) 124<sup>th</sup> Avenue

\*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 Bellefontaine DATE OF BURIAL 3-1 1913UNDERTAKER Wm. Cantuiter ADDRESS 4234 Manchester

MAR 31 1913

Original file, date \_\_\_\_\_ 19\_\_\_\_ 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

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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.)