

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

PLACE OF DEATH
County Washington
Township Boston
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 887 File No. 15520

Primary Registration District No. 6179 Registered No. 19

FULL NAME Thomas Edward Dejonica

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

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE Single
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH Dec 23rd 1896
(Month) (Day) (Year)

AGE 21 yrs 4 mos 06 ds. IF LESS than 1 day, _____ hrs or _____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Potosi Mo

NAME OF FATHER Robert Dejonica

BIRTHPLACE OF FATHER (City or town, State or foreign country) Potosi Mo

MAIDEN NAME OF MOTHER Bridget Dejonica

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Potosi Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Julia Dejonica
(ADDRESS) Cadet Mo

Filed Apr 2 1913 E. F. Thurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 1 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 29th 1913, to Apr 1st 1913, that I last saw him alive on Mar 30 1913, and that death occurred, on the date stated above, at 72 m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

108 (Duration) yrs. mos. 10 ds.

Contributory Dunk Penon (SECONDARY) (Duration) yrs. mos. ds.

(Signed) A. J. Quinn M. D. (Address) Brunette

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) How 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 Pond Creek Mo DATE OF BURIAL Apr 2 1913

UNDERTAKER J. B. Boyer & Son ADDRESS Potosi Mo

WRITE-PLAIN-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.

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*, *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.)



MARGIN RESERVE
INK—THIS IS A PERMANENT RECORD

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH as far as possible. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Washington
Township Breton
or
Village _____
of
City _____ (NO. _____ St. _____ Ward _____)

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 887 File No. +
Primary Registration District No. 6179 Registered No. 19

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

FULL NAME Thomas Edward Degonia

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S.
DATE OF BIRTH Dec. 25, 1891 (Month) (Day) (Year)
AGE 21 yrs. 4 mos. 16 ds. IF LESS than 1 day, ___ hrs. or ___ min.

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

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

PARENTS
NAME OF FATHER Robert Degonia
BIRTHPLACE OF FATHER (City or town, State or foreign country) Potosi Mo.
MAIDEN NAME OF MOTHER Elizabeth Degonia
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Potosi Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Julea Degonia
(ADDRESS) Cadet Mo.

Filed 4/5 1913 by B. T. Thurman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 1, 1913 (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from March 29 1913, to Apr. 1, 1913, that I last saw him alive on March 30, 1913, and that death occurred, on the date stated above, at 7a m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia

(Duration) ___ yrs. ___ mos. 10 ds.
Contributory Dont know
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) A. L. Evans M. D.
Apr. 2, 1913 (Address) Bonne Terre

*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 REGENT 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 Pond Creek Mo. DATE OF BURIAL Apr. 2, 1913
UNDERTAKER J. B. Boyer & Son ADDRESS Potosi Mo.

V. S. No. 2.

Revised United States Standard Certificate of Death

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

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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 for terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," "D congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "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 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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