

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

PLACE OF DEATH

County Scotland  
Township Harrison  
or  
Village  
or  
City (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 809  
Primary Registration District No. 6054

File No. 18650  
Registered No. 21

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

FULL NAME Nelson Erickson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) single  
DATE OF BIRTH January 12<sup>th</sup> 1854  
(Month) (Day) (Year)  
AGE 59 yrs. 4 mos. 8 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

DATE OF DEATH May 20<sup>th</sup> 1913  
(Month) (Day) (Year)

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) 1-0-2

I HEREBY CERTIFY, that I attended deceased from April 6<sup>th</sup> 1913, to May 20<sup>th</sup> 1913, that I last saw him alive on May 20<sup>th</sup> 1913, and that death occurred, on the date stated above, at 6 P. m.

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

The CAUSE OF DEATH was as follows:  
Pneumonia Complica  
tell with gangrenous  
abscess of lung  
(Duration) \_\_\_ yrs. 1 mos. 14 ds.

PARENTS  
NAME OF FATHER Ole Erickson  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Norway  
MAIDEN NAME OF MOTHER Martha Nelson  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Norway

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) J. M. Leedom M. D.  
May 20<sup>th</sup> 1913 (Address) Ashton Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Dr. J. M. Leedom  
(ADDRESS) Ashton 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 \_\_\_\_\_

Filed May 21 1913 J. D. Williams REGISTRAR

PLACE OF BURIAL OR REMOVAL Union Cemetery DATE OF BURIAL May 22 1913  
UNDERTAKER John W. Meckle ADDRESS Merriphew Mo

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, 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 "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

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

County Scottland  
 Township Harrison  
 or  
 Village  
 or  
 City

Registration District No. 809 File No. \_\_\_\_\_  
 Primary Registration District No. 6054 Registered No. 2  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Nelson Erickson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE W. SINGLE MARRIED OR DIVORCED Single  
 (Write the word)  
 DATE OF BIRTH January 12, 1854  
 (Month) (Day) (Year)  
 AGE 59 yrs. 4 mos. 8 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)

DATE OF DEATH May 20, 1913  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from 1876, 1913, to 5-20, 1913,  
 that I last saw him alive on 5-20, 1913,  
 and that death occurred on the date stated above, at 6 p. m.  
 The CAUSE OF DEATH\* was as follows:  
Pneumonia complicated with gangrenous abscess of lung.

BIRTHPLACE (City or town, State or foreign country) Iowa  
 NAME OF FATHER Ol. Erickson  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Norway  
 MAIDEN NAME OF MOTHER Martha Nelson  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Norway

Contributory (Secondary) \_\_\_\_\_  
 (Signed) J. M. Leedom M. D.  
5-20, 1913 (Address) Ashton 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? At place of death?

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. M. Leedom  
 (ADDRESS) Ashton Mo

Former or usual residence \_\_\_\_\_

Filed May 21, 1913 x P. H. Leedom REGISTRAR

PLACE OF BURIAL OR REMOVAL Green Cove DATE OF BURIAL May 25, 1913  
 UNDERTAKER J. H. Mulch ADDRESS Memphis

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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 septichaemia," "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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