

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.

PLACE OF DEATH		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<u>Grundy</u>	Registration District No.	<u>327</u> File No. <u>19519</u>
Township	<u>Clinton</u>	Primary Registration District No.	<u>4194</u> Registered No. <u>3</u>
or Village	<u>Galt Mo</u>		
or City	<u>Galt Mo</u>	(NO. St. Ward)	(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME		<u>Jesse Swan</u>	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH
<u>male</u>	<u>white</u>	<u>married</u>	<u>June</u> <u>6th</u> , 191 <u>3</u> (Month) (Day) (Year)
DATE OF BIRTH		I HEREBY CERTIFY, that I attended deceased from	
<u>Aug.</u> <u>22</u> , 18 <u>44</u> (Month) (Day) (Year)		<u>May 12</u> , 191 <u>3</u> , to <u>June 6th</u> , 191 <u>3</u> ,	
AGE		that I last saw him alive on <u>June 6th</u> , 191 <u>3</u> ,	
<u>68</u> yrs. <u>9</u> mos. <u>15</u> ds.		and that death occurred, on the date stated above, at <u>11 P.</u> m.	
OCCUPATION		The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work <u>Retired farmer</u>		<u>General Tuberculosis</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>1-3rd</u>		<u>32 B</u>	
BIRTHPLACE (City or town, State or foreign country)		Duration <u>2</u> yrs. <u>2</u> mos. <u>2</u> ds.	
<u>Pittsburg Pa.</u>		Contributory <u>General Exhaustion</u>	
PARENTS	NAME OF FATHER	(SECONDARY) (Duration) yrs. mos. ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	<u>General Exhaustion</u>	
	MAIDEN NAME OF MOTHER	(Signed) <u>D. K. Stringer</u> M. D.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<u>June 6th</u> , 191 <u>3</u> (Address) <u>Galt Mo</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
(Informant) <u>Jesse Swan Jr</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		At place of death yrs. mos. ds. In the State yrs. mos. ds.
(ADDRESS) <u>Des Moines</u>	Where was disease contracted if not at place of death?		Former or usual residence <u>Do not know</u>
Filed <u>June 9</u> , 191 <u>3</u> , <u>H. E. Bourne</u>	PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL
REGISTRAR	<u>200 1/2 Galt Mo</u>		<u>June 8</u> , 191 <u>3</u>
	UNDERTAKER		ADDRESS
	<u>R. R. Payne</u>		<u>Galt Mo</u>

# 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.)



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

PLACE OF DEATH  
County Grundy  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Galt (NO. \_\_\_\_\_) St.: \_\_\_\_\_ Ward \_\_\_\_\_

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

Registration District No. 327 File No. \_\_\_\_\_  
Primary Registration District No. 4194 Registered No. 3

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

FULL NAME Jesse Swan

PERSONAL AND STATISTICAL PARTICULARS

SEX \_\_\_\_\_ COLOR OR RACE \_\_\_\_\_  
Satisfactory Information Supplied.  
SINGLE MARRIED  
WIDOWED OR DIVORCED  
(Write the word)

DATE OF BIRTH \_\_\_\_\_  
(Month) \_\_\_\_\_ (Day) 1 (Year) \_\_\_\_\_  
Satisfactory Information Supplied.

AGE \_\_\_\_\_  
yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
Satisfactory Information Supplied.

OCCUPATION  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
Satisfactory Information Supplied.

BIRTHPLACE  
(City or town, State or foreign country) \_\_\_\_\_

PARENTS  
NAME OF FATHER \_\_\_\_\_  
BIRTHPLACE OF FATHER (City or town, State or foreign country) \_\_\_\_\_  
MAIDEN NAME OF MOTHER Centford Cut  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Penn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Jesse Swan Jr.  
(ADDRESS) Nes Moines

Filed June 9 1913 J. E. Bowen  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 6 1913  
(Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,  
that I last saw h \_\_\_\_\_, 191\_\_\_\_,  
and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
Satisfactory Information Supplied.

The CAUSE OF DEATH\* was as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory \_\_\_\_\_  
(SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yr. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) \_\_\_\_\_ M. D.  
\_\_\_\_\_ 191\_\_\_\_ (Address) \_\_\_\_\_  
Satisfactory Information Supplied.

\*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 Galt Mo. DATE OF BURIAL June 8 1913  
Satisfactory Information Supplied.  
UNDERTAKER W. Payne ADDRESS Supplied

THIS UNFADING INK—THIS IS A

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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.)