

## PLACE OF DEATH

County MacouTownship Shake

or

Village -

or

City - (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 964File No. 20227Primary Registration District No. 5710Registered No. 2

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

FULL NAME James Martin Gurner

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE OR DIVORCED Married  
MARRIED Widowed  
(Write the word)DATE OF BIRTH June 10, 1885  
(Month) (Day) (Year)AGE 78 yrs. 1 mos. 0 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) Family workBIRTHPLACE (City or town, State or foreign country) Barron Co. Wis.PARENTS NAME OF FATHER Philip GurnerBIRTHPLACE OF FATHER (City or town, State or foreign country) Barron Co. Wis.MAIDEN NAME OF MOTHER Elizabeth PhillipsBIRTHPLACE OF MOTHER (City or town, State or foreign country) Barron Co. Wis.THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Bessie Gile(ADDRESS) Goldsbury MoFiled June 16, 1913 Jan A. Holt REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15, 1913  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from June 10, 1913, to June 15, 1913, that I last saw him alive on June 15, 1913 and that death occurred, on the date stated above, at 7 P.M.The CAUSE OF DEATH\* was as follows:  
Paralysis  
cerebral hemorrhage  
82  
87  
(Duration) 3 yrs. 4 mos. 10 ds.Contributory Rheumatism  
(SECONDARY) (Duration) 4 yrs. 5 mos. - ds.(Signed) James A. Holt M. D.  
June 16, 1913 (Address) Goldsbury Mo

\*State the Disease Causing Death, or, in deaths from Violent Cause, 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 31 yrs. 6 mos. - ds. In the State 35 yrs. 6 mos. - ds.Where was disease contracted if not at place of death? at place of deathFormer or usual residence QuindPLACE OF BURIAL OR REMOVAL Adland SunDATE OF BURIAL June 16, 1913  
UNDERTAKER R. G. Worn  
ADDRESS Ethel Mo

N. B.—Every item of information should be secured. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

# 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.)

HUGH STEPHENS, JEFFERSON CITY,



WITH UNFADING INK—THIS IS A PERMANENT RECORD

PLACE OF DEATH

County Macon  
 Township Drake  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (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 DEATH

Registration District No. 964 File No. \_\_\_\_\_  
 Primary Registration District No. 3710 Registered No. 2

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

FULL NAME

James Martin Turner

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OF HAIR <u>White</u>	SINGLE <u>Married</u> MARRIED OR DIVORCED (Write the word)
Satisfactory information supplied.		
DATE OF BIRTH <u>June 10, 1855</u> (Month) (Day) (Year)		
Satisfactory information supplied.		
AGE <u>78</u> yrs. <u>1</u> mos. <u>6</u> ds.		If LESS than 1 day, ___ hrs. ___ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Farmer</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Barron Co. Wis.</u>		
PARENTS	NAME OF FATHER <u>Philip Turner</u>	
	BIRTHPLACE OF FATHER <u>Franklin Co. Wis.</u>	
	MAIDEN NAME OF MOTHER <u>Elegath Whit</u>	
	BIRTHPLACE OF MOTHER <u>Barron Co. Wis.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 15, 1913  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from June 14, 1913, Satisfactory information supplied, that I last saw him alive on June 14, 1913, and that death occurred, on the date stated above, at 7 PM.

The CAUSE OF DEATH\* was as follows:  
Paralysis caused by cerebral hemorrhage with  
Paralysis Acute  
 (Duration) 3 yrs. 14 mos. 10 ds.

Contributory Rheumatism  
 (Duration) 4 yrs. 5 mos. ds.

(Signed) James W. Thompson M.D.  
June 16, 1913 (Address) Soldsbury, 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 67 yrs. 2 mos. 2 ds. In the 60 yrs. 2 mos. ds.

Where was disease contracted if not at place of death? at place of death

Former or usual residence 2nd St. Barron

PLACE OF BURIAL OR REMOVAL Barron Co. Wis. DATE OF BURIAL June 16, 1913

UNDERTAKER A. A. Morris ADDRESS 2nd St. Barron

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) James W. Thompson  
 (ADDRESS) 2nd St. Barron  
 Filed June 16, 1913  
James W. Thompson REGISTRAR

N. B.—Every item of information a CAUSE OF DEATH in plain terms

Carefully stamp "CR" should be stated EXACTLY as prescribed on the reverse side of this form.

# Revised United States Standard Certificate of Death

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

12202

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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.)