

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 Pettis
Township Smithton or Village _____
City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 669 File No. 27342
Primary Registration District No. 5892 Registered No. 12

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

FULL NAME John V. Harris

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH August 29, 1828
(Month) (Day) (Year)

AGE 84 yrs. 11 mos. 21 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) 1-020

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

PARENTS
NAME OF FATHER John Harris
BIRTHPLACE OF FATHER (City or town; State or foreign country) Wales
MAIDEN NAME OF MOTHER Naughton
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Wales

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leo Harris
(ADDRESS) Sebaldia Mo

Filed Aug 25, 1913 S. M. Parrish
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 21, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 25, 1913, to Aug. 21, 1913, that I last saw him alive on Aug 21, 1913, and that death occurred, on the date stated above, at 3 P. M. The CAUSE OF DEATH* was as follows:

127
1850
13 11 13 (Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) S. M. Parrish M. D.
Aug 25, 1913 (Address) Smithton 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 _____

PLACE OF BURIAL OR REMOVAL Smithton Cemetery DATE OF BURIAL Aug. 23, 1913
UNDERTAKER _____ ADDRESS _____

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, 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.)

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

PLACE OF DEATH

County Pettis
Township Smithton
Village _____
City _____

Registration District No. 669 File No. _____
Primary Registration District No. 5892 Registered No. 12

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

FULL NAME

John V. Harris.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX m. COLOR OR RACE w. SINGLE MARRIED WIDOWED OR DIVORCED married
DATE OF BIRTH _____
AGE _____
OCCUPATION _____
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

DATE OF DEATH Aug. 21 1913
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from _____ to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
General Debility caused from Retention of urine caused from an enlarged prostate gland producing uraemic symptoms
Contributory _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Sam M Parish M. D.
Aug 25 1913 (Address) Smithton

BIRTHPLACE (City or town, State or foreign country)
NAME OF FATHER _____
BIRTHPLACE OF FATHER (City or town, State or foreign country)
MAIDEN NAME OF MOTHER Rocky Know Vaughn
BIRTHPLACE OF MOTHER Wales

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) X Lothmanis X
(ADDRESS) Oedalia, Mo
Filed Aug 25 1913 Sam Parish REGISTRAR

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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 Smithton DATE OF BURIAL Aug 23 1913
UNDERTAKER McLaughlin ADDRESS Oedalia Mo

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Satisfactory Information Supplied

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