

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

PLACE OF DEATH

County Macou
Township Ring
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 534 File No. 36775
Primary Registration District No. 5717 Registered No. 25

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

FULL NAME James, H. Houghton

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widowed</u> (Write the word)
DATE OF BIRTH <u>Oct 13, 1826</u> (Month) (Day) (Year)		
AGE <u>87 yrs. 1 mos. 0 ds.</u>		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>✓ VOP</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Michigan</u>		
PARENTS	NAME OF FATHER <u>James Houghton</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Michigan</u>	
	MAIDEN NAME OF MOTHER <u>Charlotte Fines</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Michigan</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 13, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 13, 1913, to Nov 12, 1913, that I last saw him alive on Nov 12, 1913, and that death occurred, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:

Bronchopneumonia

107A (Duration) ___ yrs. ___ mos. 29 ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) C. West M. D.
Nov 14, 1913 (Address) New Cambria

*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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. P. Houghton
(ADDRESS) New Cambria

PLACE OF BURIAL OR REMOVAL New Cambria DATE OF BURIAL Nov 16, 1913
UNDERTAKER J. E. Gilbreath ADDRESS New Cambria

Filed Nov 15, 1913 C. West REGISTRAR

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, peritonæum*, 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.)

FEDERAL BUREAU OF INVESTIGATION

OFFICE OF THE REGISTRAR

NAME

AGE

SEX

RACE

MARRIAGE

EDUCATION

RELIGION

MILITARY SERVICE

OCCUPATION

DISEASE CAUSING DEATH

CONTRIBUTORY CAUSE OF DEATH

MEANS OF INJURY

MANNER OF DEATH

PLACE OF DEATH

DATE OF DEATH

SIGNATURE OF REGISTRAR

SIGNATURE OF PHYSICIAN

SIGNATURE OF CLERK

SIGNATURE OF WITNESS

SIGNATURE OF MINISTER

SIGNATURE OF CHURCH

SIGNATURE OF FUNERAL HOME

SIGNATURE OF BURIAL PLACE

SIGNATURE OF INTERMENT

SIGNATURE OF RECORDS

SIGNATURE OF OFFICE

SIGNATURE OF STATE

SIGNATURE OF FEDERAL

SIGNATURE OF BUREAU

SIGNATURE OF DEPARTMENT