

PLACE OF DEATH

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

County _____

Township _____

Registration District No. _____

File No. **11167**

Village _____

Primary Registration District No. _____

Registered No. **3322**City **St. Louis Mo.** (NO. **4037**)St. **21** WardSt. **21** Ward

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

FULL NAME **James Henry Fay**

PERSONAL AND STATISTICAL PARTICULARS

21

MEDICAL CERTIFICATE OF DEATH

SEX **Male** COLOR OR RACE **White** SINGLE MARRIED WIDOWED OR DIVORCED **Married**
(Write the word)DATE OF DEATH **Mar 30, 1914**
(Month) (Day) (Year)DATE OF BIRTH **May 29, 1855**
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from **Dec**, 1912, to **Mar 30th**, 1914, that I last saw him alive on **Mar 30th**, 1914, and that death occurred, on the date stated above, at **7:30 a**AGE **58 yrs. 10 mos. 1 ds.** If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work **Watchman**
(b) General nature of industry, business, or establishment in which employed (or employer) _____**Acute Apoplexy of Cerebral Arteries**
17 D
97 (Duration) **1** yrs. **3** mos.BIRTHPLACE (City or town, State or foreign country) **Ohio**Contributory **Arterio Sclerosis**
(SECONDARY) (Duration) **3** yrs. _____ mos.NAME OF FATHER **William Fay**(Signed) **J. M. Tegg** M. D.BIRTHPLACE OF FATHER (City or town, State or foreign country) **Ireland****Mar 31st**, 1914 (Address) **4737 Kennedy av.**MAIDEN NAME OF MOTHER **Eurat Dixon**

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) **England**

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Son)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(Informant) **James H. Fay**

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

(ADDRESS) **4037 Peck St.**

Former or usual residence _____

Filed **Mar 31 1914**PLACE OF BURIAL OR REMOVAL **Morrisonville Ills** DATE OF BURIAL **4/2/14**UNDERTAKER **Edw. J. Howard** ADDRESS **3349 Market**

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 of every person, irrespective of age.

ins a single word or term on the first line, e. g., *Farmer or Planter, Physician, Locomotive engineer, Civil engineer,* etc. But in many cases especially in the case of the injured, it is necessary to know (a) the nature of the injury, as well as the nature of the business or occupation in which the injury occurred. An additional line is provided for this purpose, which should be used only when needed. Examples: *Salesman, Automobile factory.* The above may form part of the second statement of occupation, such as *Day laborer, Foreman, Manager,* etc. For more precise specification, as *Day laborer, Coal mine,* etc. Women engaged in the duties of the household (e. g., *Housewife, Housework, or At home,* and those who receive a definite salary) should report specifically the occupations, as *Domestic service for wages, as Servant, etc.,* and, if the occupation has been on account of the disease causing death, such as *Chronic interstitial nephritis,* etc. If the occupation has been on account of the disease causing death, such as *Chronic interstitial nephritis,* etc. Never state that fact may be indicated thus: *None.* For persons who have no occupation, state *None.*

cause of death.—Name, first, the primary affection with relation to the disease. Examples: *Cerebral tumor,* etc. The definite synonym is "Epidemic typhus" (avoid use of "Typhoid fever" (never report "Typhoid pneumonia; Bronchopneumonia; Tuberculosis of lungs, etc., Carcinoma, Sarcoma, etc. of 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 "Asthemia," "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.)