

WHILE I LAST, 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.

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

PLACE OF DEATH

County Montgomery
Township Beckwith
or
Village Jonesburg
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 589 File No. 29829
Primary Registration District No. 5787a Registered No. 46

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

FULL NAME R. E. Van Ness

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH July 8, 1874
(Month) (Day) (Year)

AGE 80 yrs. 2 mos. 19 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Boone County Kentucky

PARENTS
NAME OF FATHER Firman
BIRTHPLACE OF FATHER (City or town, State or foreign country) New Jersey
MAIDEN NAME OF MOTHER Hannah Elliot
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ind.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. K. Van Ness
(ADDRESS) Jonesburg Mo

Filed _____ 1914 REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 27, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 9, 1914, to Sept. 27, 1914, that I last saw him alive on Sept. 27, 1914, and that death occurred, on the date stated above, at 2:30 P. M.
The CAUSE OF DEATH* was as follows:

Ulcer of Stomach
117A
118c about (Duration) yrs. 18 mos. ds.
Contributory Enormous Eater
(Duration) yrs. _____ mos. _____ ds.

Signed) E. A. Ball M. D.
Sept. 28, 1914 (Address) Jonesburg

*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 Jonesburg Mo DATE OF BURIAL Sept 29, 1914
UNDERTAKER 33 Stephens Jonesburg Mo 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, 8 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*, *peritonaeum*, 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*; *interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unimportant. Example: *Measles* (disease causing 29 ds.); *Bronchopneumonia* (secondary), 10 d. report mere symptoms or terminal conditions "Asthenia," "Anaemia" (merely symptomatic), "Collapse," "Coma," "Convulsions," "Debilgenital," "Senile," etc.), "Dropsy," "Exhaust failure," "Haemorrhage," "Inanition," "Marriage," "Shock," "Uraemia," "Weakness," definite disease can be ascertained as the qualify all diseases resulting from child carriage, as "PUERPERAL septicaemia," "peritonitis," etc. State cause for which was undertaken. For VIOLENT DEATH INJURY and qualify as ACCIDENTAL, SUICIDAL, or as probably such, if impossible definitely. Examples: *Accidental railway train—accident*; *Revolver wound Poisoned by carbolic acid—probably nature of the injury, as fracture of skull, and sepsis, tetanus* may be stated under the heading of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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