

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

35763

1 PLACE OF DEATH  
County Jasper  
Township..... Registration District No. 411 File No. ....  
or .....  
Village..... Primary Registration District No. 2002 Registered No. 498  
or .....  
City Joplin, Mo. (NO. 514 Ky. St. 2 Ward)   
2 FULL NAME John Rogers

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

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>Colored</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)	16 DATE OF DEATH <u>Nov 19</u> 191 <u>4</u> (Month) (Day) (Year)
6 DATE OF BIRTH <u>Aug 17</u> 18 <u>69</u> (Month) (Day) (Year)		17 I HEREBY CERTIFY, that I attended deceased from <u>Nov 10</u> 191 <u>4</u> to <u>Nov 17</u> 191 <u>4</u> that I last saw h. in. alive on <u>Nov 17</u> 191 <u>4</u> and that death occurred, on the date stated above, at <u>12:30 p. m.</u>	
7 AGE <u>45</u> yrs. <u>2</u> mos. <u>2</u> ds.	IF LESS than 1 day..... hrs. or..... min.?		
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Cook</u> (b) General nature of industry business, or establishment in which employed (or employer) <u>Cooking at Hotel</u>		THE CAUSE OF DEATH* was as follows: <u>Typhoid fever</u>	
9 BIRTHPLACE (City or town, State or foreign country) <u>Oklahoma</u>		10X (Duration) yrs. <u>1</u> mos. <u>14</u> ds.	
PARENTS	10 NAME OF FATHER <u>Geo Rogers</u>	CONTRIBUTORY (Secondary) <u>Pneumonia</u> ✓	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know</u>	(Duration) yrs. <u>4</u> mos. <u>4</u> ds.	
	12 MAIDEN NAME OF MOTHER <u>Don't know</u>	(Signed) <u>Rush K. Guff</u> M. D.	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>	<u>Nov 19</u> 191 <u>4</u> (Address) <u>224</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Eura Rogers</u> (Address) <u>Joplin Mo</u>		*State the Disease Causing Death, or, in cases from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal	
15 Filed <u>Nov 19</u> 191 <u>4</u> + <u>A. M. Guff</u> Registrar		18 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.....	
		19 PLACE OF BURIAL OR REMOVAL <u>Fairview Cem</u>	DATE OF BURIAL <u>Nov 18</u> 191 <u>4</u>
		20 UNDERTAKER <u>Rush K. Guff Co</u>	ADDRESS <u>Joplin Mo</u>

# 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) *Colton 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, 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; 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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH

County

*Jasper*

Township

or

Village

or

City

*Joplin*

Registration District No.

*411*

File No.

Primary Registration District No.

*2002*

Registered No.

*498*

St. Ward

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

FULL NAME

*John Rogras*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

*M*

*C*

*sm*

DATE OF DEATH

*Nov 18*

191*4*

(Month)

(Day)

(Year)

DATE OF BIRTH

(Month)

(Day)

(Year)

AGE

if LESS than  
1 day, hrs.  
or min.  
yrs. mos. ds.

I HEREBY CERTIFY, that I attended deceased from  
[unclear] information supplied, 191*4*,  
that I last saw him alive on \_\_\_\_\_, 191*4*,  
and that death occurred, on the date stated above, at *12:30* m.

The CAUSE OF DEATH\* was as follows:

*Myocardial infarction*

OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment, in which employed (or employer)

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

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

PARENTS

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed

*11/19 4 A.M. Gagg*

REGISTRAR

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Duration) yrs. mos. ds.

(Signed)

*Robt. L. Neff*

*4/19* 191*4* (Address) *Joplin, 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

DATE OF BURIAL

UNDERTAKER

ADDRESS

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SUPPLEMENTARY INFORMATION Supplied.  
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