

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

1 PLACE OF DEATH

County Ripley Registration District No. 750 File No. 5874  
Township Washington or Fairdealing Primary Registration District No. 5995 Registered No. \_\_\_\_\_  
City (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2 FULL NAME Edward Fitzsimons

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED single  
(Write the word)

6 DATE OF BIRTH unable to obtain  
(Month) (Day) (Year)

7 AGE 84 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry business or establishment in which employed Annual farm work

9 BIRTHPLACE (City or town, State or foreign country) Burwickathome Ireland

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland

12 MAIDEN NAME OF MOTHER \_\_\_\_\_

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

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 23 1915  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Feb. 18 1915, to Feb. 23 1915; that I last saw him alive on Feb. 21 1915; and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH\* was as follows:  
Chronic nephritis  
131  
Heart Ephonstean  
(Duration) 170 yrs. mos. ds.

CONTRIBUTORY (Secondary) Heart Ephonstean  
(Duration) 10 yrs. mos. ds.

(Signed) H. E. White M. D.  
2/25 1915 (Address) Fairdealing Mo

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

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 \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Letter and papers  
(Address) \_\_\_\_\_

15 Filed \_\_\_\_\_, 1915 Registrar \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Catholic Cemetery DATE OF BURIAL 2/25 1915  
20 UNDERTAKER J. R. Wright ADDRESS Danphar

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*, *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*, *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

Township

or Village

or City

FULL NAME

Registration District No.

Primary Registration District No.

St.: Ward

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX: M, COLOR OR RACE: W, SINGLE MARRIED WIDOWED OR DIVORCED: Single

DATE OF DEATH: Feb. 23, 1915

DATE OF BIRTH: Unable to obtain

HEREBY CERTIFY, that I attended deceased from 2-18-15, to 2-23-15, that I last saw him alive on 2-21-15,

AGE: 84 yrs. mos. ds.

and that death occurred, on the date stated above, at 12:30 a.m. The CAUSE OF DEATH\* was as follows:

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

Chronic Nephritis

BIRTHPLACE: (City or town, State or foreign country): Ireland

(Duration) yrs. mos. ds. Unknown

NAME OF FATHER: Unknown

Contributory (SECONDARY): Heart Exhaustion

BIRTHPLACE OF FATHER: Ireland

(Signed) H. C. White M. D. 125, 1915 (Address) Fairdealing Mo.

MAIDEN NAME OF MOTHER: Unknown

\*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: Ireland

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. In the State yrs. mos. ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant): Letters & Papers.

Where was disease contracted if not at place of death? Former or usual residence:

(ADDRESS):

PLACE OF BURIAL OR REMOVAL: Catholicism. DATE OF BURIAL: 2/25, 1915

Filed: Mar 19, 1915. Registrar: H. C. White

UNDERTAKER: J. R. Wright ADDRESS: Doniphan Mo.

4. Be stated EXACTLY. 4. Exact statement of OCCUPATION is very important. 4. Information should be in plain terms. 4. B. - Every item. CAUSE OF P.

SUPPLEMENTARY

# Revised United States Standard Certificate of Death

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Association]

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5874