

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

1 PLACE OF DEATH

County *Buchanan*
Township *Bloomington*
or
Village
or
City

Registration District No. *81* File No. *15325*
Primary Registration District No. *5122* Registered No. *14*
St. Ward

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

2 FULL NAME

John R. Finck

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *male* 4 COLOR OR RACE *White*
5 SINGLE MARRIED WIDOWED OR DIVORCED *Widower*
(If write the word)

16 DATE OF DEATH *May 13 1915*
(Month) (Day) (Year)

6 DATE OF BIRTH *March 15 1875*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Mar 7 1915* to *May 13 1915*, that I last saw him alive on *May 10 1915*, and that death occurred, on the date stated above, at *9 P.M.*

7 AGE *33* yrs. *2* mos. *13* ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work *Barber*
(b) General nature of industry business, or establishment in which employed (or employer) *Unemployed*

Pulmonary Tuberculosis
28
(Duration) *1* yrs. *6* mos. ds.

9 BIRTHPLACE (City or town, State or foreign country) *Bloomington Mo.*

CONTRIBUTORY (Secondary) *Dilated Heart*
(Duration) *10* yrs. *10* mos. ds.
(Signed) *E. B. McAdams* M. D.
May 14 1915 (Address) *Dr. Kalk Mo.*

10 NAME OF FATHER *Jessie E. Finck*

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

12 MAIDEN NAME OF MOTHER *Annie Roberts*

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

*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 *10* yrs. *10* mos. ds. In the State *10* yrs. *10* mos. ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *John A. Finck*
(Address) *P. E. Kalk Mo.*

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

15 Filed *May 14 1915* *S. W. J. Shelton* Registrar

19 PLACE OF BURIAL OR REMOVAL *Bethel Cem* DATE OF BURIAL *May 14 1915*
20 UNDERTAKER *O. M. Murphy* ADDRESS *Dr. Kalk Mo.*

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 occupations may be known. The question applies to

..... respective of age.
..... or term on the first
..... or *Planter, Physician,
engineer, Civil engineer,*

..... 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, 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.)