

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

20891

1 PLACE OF DEATH
 County St. Louis
 Township Flack Creek
 Village Union
 City St. Louis
 NAME The Lewis Phoenix

Registration District No. 1296
 Primary Registration District No. 2247
 Registered at St. Louis
 Date of Death Jan 20 1915
 Time of Death 6:30
 Cause of Death Accidental Drowning

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
 4 COLOR OR RACE White
 5 MARRIAGE STATUS Single
 6 DATE OF BIRTH July 22 1885
 7 AGE 29 yrs. 11 mos. 8 ds.
 8 OCCUPATION Farmer

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Jan 20 1915
 I HEREBY CERTIFY that I attended deceased from 191 to 191 and that death occurred on the date stated above at 191.
 The CAUSE OF DEATH* was as follows:
Accidental Drowning

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

11 DURATION OF ILLNESS 102 yrs. 10 mos. 16 ds.

10 NAME OF FATHER Lewis Phoenix
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Dont know
 12 MAIDEN NAME OF MOTHER Mattie McCaskey
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dont know

CONTRIBUTORY (Secondary) 102 yrs. 10 mos. 16 ds.
 (Signed) L. S. Shumate M. D.
 Date 6/23 1915 (Address) Peeds Spring Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) L. L. Gubler
 (Address) Peeds Spring Mo

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
 At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
 Where was disease contracted not at place of death
 Former or usual residence Peeds Spring Mo

15 Filed 6/24 1915
H. L. Gubler
 Registrar

19 PLACE OF BURIAL OR REMOVAL March Spring Cemetery DATE OF BURIAL 6/23 1915
 20 UNDERTAKER St. Louis Co ADDRESS Peeds Spring 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 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 show (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, 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 septicæmia*," "*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.)

farmer

retired from business

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