

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

1 PLACE OF DEATH

County Cole

Township .....

Registration District No. 213-

File No. 33171

or Village .....

Primary Registration District No. 3014-

Registered No. 190-

or City Jefferson

St. NO Ward .....

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

2 FULL NAME Joe Ferguson

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH 11-7 1915  
(Month) (Day) (Year)

6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 11-7 1915 to 11-7 1915, that I last saw h. alive on 1-7 1915, and that death occurred, on the date stated above, at 7 P. m.

7 AGE About 27 yrs 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 Labour 1943 (b) General nature of industry business, or establishment in which employed (of employer) 111<sup>1</sup> Penonchase from lungs

fractured ribs with  
respiratory from pneumonia  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. about 14 hours duration

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

CONTRIBUTORY (Secondary) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

10 NAME OF FATHER Joe Ferguson

(Signed) Isaac M. Earles M. D.

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

4/8 1915 (Address) Jefferson City Mo

12 MAIDEN NAME OF MOTHER Julia Gilmore

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

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Callaway Co Mo

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Joe Ferguson

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Address) Jefferson City Mo

Where was disease contracted if not at place of death? \_\_\_\_\_

15

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Samplin Cem DATE OF BURIAL 11-9 1915

20 UNDERTAKER Walter Wynn of E Mo ADDRESS \_\_\_\_\_

Filed Nov. 8- 1915 Registrar W. H. ...

# 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, meningis, 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.)

## 1 PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHREGISTRARS SHALL NOT RECEIVE  
A FEE FOR CERTIFICATES UNTIL THEY  
ARE COMPLETED AS PRESCRIBED BY  
LAW

County .....  
 Township .....  
 Village .....  
 City .....  
 Registration District No. 213 File No. ....  
 Primary Registration District No. 3014 Registered No. 190  
 St. .... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

**FULL NAME** Joe Ferguson

## PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE W  
 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) W  
 6 DATE OF BIRTH Satisfied (Month) ..... (Day) 1 (Year) .....  
 7 AGE (If less than 1 day ..... hrs. or ..... min.?)  
 yrs ..... mos ..... ds.

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

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

10 NAME OF FATHER .....

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

12 MAIDEN NAME OF MOTHER .....

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....  
 (Address) .....

15 Filed Nov 8 1911 Audrey Jones Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11-7 1911  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from ..... 191..... to ..... 191.....  
 that I last saw him ..... alive on ..... 191.....  
 and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH\* was as follows:  
fractured ribs with hemorrhage from lungs resulting from pneumonia  
Accidental (Duration) 184 yrs ..... mos ..... ds. 14 hrs.  
 CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs ..... mos ..... ds.  
 (Signed) M. G. Euler M. D.  
 1911 (Address) Jeff Lester

\*State the Disease Causing Death, if a death 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? .....

19 PLACE OF BURIAL OR REMOVAL ..... DATE OF BURIAL ..... 191.....

20 UNDERTAKER ..... ADDRESS .....

Original file, date..... Nov 10, 1911

All information called for must be written on this Supplementary Certificate.

N. B.—Every item of information should be carefully supplied. "Cause of Death" in plain terms, so that it may be properly classified. Exact age should be properly classified. Exact date of birth should be supplied.

K.A.C.A. Registrar's Office

SUPPLEMENTARY

WRITE PLAINLY, WITH UNABATED FORCE, IN ALL INFORMATION RECORD

RECEIVED  
 COUNTY CLERK'S OFFICE  
 ST. LOUIS, MO.

