

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

1223

1 PLACE OF DEATH

County: Harrison  
Township: Fruit Creek  
or  
Village: Mt Moriah Mo  
or  
City: \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 339 File No. \_\_\_\_\_

Primary Registration District No. 4202 Registered No. \_\_\_\_\_

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

2 FULL NAME Jackson Green

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH <u>Dec 19 1825</u> (Month) (Day) (Year)		
7 AGE <u>90</u> yrs. <u>29</u> mos. <u>29</u> ds.		If LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired Farmer</u> (b) General nature of industry business, or establishment in which employed (or employer) _____		
9 BIRTHPLACE (City or town, State or foreign country) <u>Ohio</u>		
PARENTS	10 NAME OF FATHER <u>Richard Green</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Not Known</u>	
	12 MAIDEN NAME OF MOTHER <u>Not Known</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Not Known</u>	

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
January 18 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw h..... alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH\* was as follows:  
Esther K. Green wife of Jackson Green states deceased would not have a physician seemed to have La Grippe & was sick 10 days 110 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.

CONTRIBUTORY (Secondary) 10 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. J. Sellers Local Registrar  
Jan 20 1916 (Address) Mt Moriah

\*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..... \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Mt Moriah Cemetery DATE OF BURIAL 1/20 1916

20 UNDERTAKER W. J. Russell ADDRESS Mt Moriah Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mar Green  
(Address) Mt Moriah Mo

15 Filed Jan 20 1916 W. J. Sellers Registrar

N. B. - Every statement 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, 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.)

Mt. Moriah, Mo. Jan. 20. 1916

Certificate of the death of Jackson Green.

I, Esther K. Green hereby certify that I am the wife of Jackson Green who died on the 18th day of January, 1916 at about 10 O'Clock P.M. and I further state that the said Jackson Green would not have a physician and would not take any medicine. That he was sick from the eight day of January until the 18th day of said month until his death. He seemed to have the grippand was very feeble. He was more than ninety years old at the time of his death.

I further state that there was those present at the time of his death, viz; John Filley, Jim Cron, Harry Phillips and Lewis Phillips.

I further state that I am 82 years old and was married to the said Jackson Green on the 6th day of October 1853.

Signed by me this 20th day of January 1916 in the presence of the following witnesses.

*Esther K. Green*  
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Witnesses.

*H. H. Collins*  
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*J. J. Brown*  
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