

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

1 PLACE OF DEATH

County Monroe
Township Jackson
or
Village
or
City

Registration District No. 582
Primary Registration District No. 5779

File No. 2523
Registered No. 5

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

2 FULL NAME Joseph N. Cleaver

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 ~~SINGLE~~ MARRIED Married
~~WIDOWED~~
~~DIVORCED~~
(Write the word)

6 DATE OF BIRTH Sept 18 73 1873
(Month) (Day) (Year)

7 AGE 41 yrs 3 mos 18 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 (or employer)

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

PARENTS
10 NAME OF FATHER Geo E. Cleaver
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky
12 MAIDEN NAME OF MOTHER Sallie Welch
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Monroe Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. C. Weaver
(Address) Paris 210

15 Filed Jan 6 1916 N. Payne Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 6 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 _____ m.

The CAUSE OF DEATH* was as follows:

151 Suicide
84

(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY Insecurity
(Secondary)

(Duration)..... yrs..... mos..... ds.

(Signed) C. H. Bacon M. D.

Jan 6, 1916 (Address) Holiday 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.....

19 PLACE OF BURIAL OR REMOVAL Habit Grave DATE OF BURIAL Jan 7 1916

20 UNDERTAKER Geo F Speed ADDRESS Paris 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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

CAUSE OF DEATH in plain terms, not in technical terms, and should be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state name and address.

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*, *Compositor*, *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 (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 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.)

WRITE PLAINLY, WITH UNFADING INK—THIS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH
County Monroe
Township Jackson
or
Village
or
City (NO. St. Ward)

REGISTRARS SHALL NOT RECEIVE
A FEE FOR CERTIFICATES UNTIL THEY
ARE COMPLETED AS PRESCRIBED BY
LAW
Registration District No. 582
Primary Registration District No. 5779

File No.
Registered No. 5

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

FULL NAME Joseph N. Deaver

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.
4 COLOR OR RACE W.
5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M.
6 DATE OF BIRTH 191...
7 AGE 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)
PARENTS
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 Jan 6 1916
Filed on 191...
C. H. Keyes
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 6, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191... to 191...
that I last saw him/her alive on 191...
and that death occurred, on the date stated above, at m.
The CAUSE OF DEATH* was as follows:
Suicide. Gun shot wound in head
159
Insanity

CONTRIBUTORY (Secondary) Insanity
(Duration) yrs. mos. ds.
(Signed) C. H. Keyes, Cor. M.D.
Jan 6, 1916 (Address) Holliday 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

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

20 UNDERTAKER ADDRESS

Original file, date....., 19.....

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

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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2522
Tuberculosis of lungs, meninges, peritonacum, 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 inter-
current) affection need not be stated unless important.
Example: *Measles* (disease causing death), 29ds.;
Bronchopneumonia (secondary), 10 ds. Never report
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bility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old age," "Shock,"
"Uraemia," "Weakness," etc., when a definite dis-
ease can be ascertained as the cause. Always qualify
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as "PUERPERAL septichaemia," "PUERPERAL perito-
nitis," etc. State cause for which surgical operation
was undertaken. For VIOLENT DEATHS state MEANS
OF INJURY and qualify as ACCIDENTAL, SUICIDAL OR
PROBABLY SUICIDAL, or as probably such, if impossible to de-
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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
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Medical Association.)