

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

14782

1 PLACE OF DEATH

County Jasper
Township Madison
or
Village Carthage
or
City (NO. _____ St. _____ Ward _____)

Registration District No. 408
Primary Registration District No. 3020

File No. _____
Registered No. 80

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

2 FULL NAME

Unknown John Godley

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Unknown 1 856
(Month) (Day) (Year)

7 AGE About 60
If LESS than 1 day.....hrs. or.....min.?

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

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) Emma Knell
(Address) Carthage, Mo.

15 Filed Apr 8 1916 W E Seale
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 8 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 1916 to Apr 8 1916 that I last saw him Apr 8 1916 and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:
Unknown Probably endocarditis

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
112 (Duration) yrs. 19 mos. ds.

CONTRIBUTORY (Secondary) Rheumatism
(Duration) yrs. mos. ds.
(Signed) A. S. Snyder M. D.
Apr 8 1916 (Address) Corner

*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 unknown

19 PLACE OF BURIAL OR REMOVAL Oak Hill DATE OF BURIAL April 7 1916

20 UNDERTAKER Knell and Co ADDRESS Carthage

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.

*This man asked to sleep on city jail
was found dead this morning
Had small box with name John Hill
written in it*

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) *Colton 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 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.)

STRANGER WAS JOHN-GOOLEY

Blacksmith, Who Died in City Jail,
Worked in Webb City

C. F. James, who runs a blacksmith shop in Webb City today came to Carthage and identified the body of the man who was found dead Saturday morning in the city jail, where he had been given lodging Friday night, as that of John Gooley, who had been working in his blacksmith shop for about five weeks.

Mr. James does not know where the man came from and where his relatives reside, but the body will be held for another day now while an attempt is made to find them. Mr. James thought this afternoon that he might be able to locate them through people with whom Mr. Gooley boarded in Webb City.

Mr. Gooley had not been working last week, having laid off temporarily on account of being sick, but he was to have returned to the shop Thursday, which he did not do. Mr. James saw the account of the death of the stranger here in the newspaper and when he found that Mr. Gooley was not at his boarding house he called the Carthage police to ask about the man who had died here. This afternoon he came here and at once identified the body.

He said that he was surprised to hear that Mr. Gooley should ask to be permitted to sleep in the city jail because he knew that the man had about \$40 in money last week. Gooley suffered from asthma, Mr. James said. Mr. James said that he was a good worker.

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