

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

21697

1 PLACE OF DEATH

County *Jefferson*
Township
or
Village *Desoto Mo*
or
City *Desoto Mo* (NO. *South 3rd* St. *1st* Ward)

Registration District No. *420* File No.
Primary Registration District No. *3077* Registered No.
St. *1st* Ward

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

2 FULL NAME *John Crahan*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *white* 5 MARRIED *Married*
(Write the word)

6 DATE OF BIRTH *July 13 1888*
(Month) (Day) (Year)

7 AGE *57 yrs 10 mos 22 ds.* IF LESS than 1 day...hrs. or...min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Locomotive Engineer*
(b) General nature of industry business or establishment in which employed (or employer) *St L & M R Co*

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

PARENTS

10 NAME OF FATHER *Bryan Crahan*

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

12 MAIDEN NAME OF MOTHER *Katherine Biggell*

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

2 MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH *JUN 4 1916*
(Month) (Day) (Year)

11 I HEREBY CERTIFY, that I attended deceased from *Jan 2 1916*, to *Jan 4 1916* that I last saw *him* alive on *Jan 3 1916* and that death occurred, on the date stated above, at *12:30 p.m.*

The CAUSE OF DEATH* was as follows:
Paralysis

12 (Duration) *2* yrs. *—* mos. *—* ds.

CONTRIBUTORY (Secondary) *nothing* (Duration) *—* yrs. *—* mos. *—* ds.

(Signature) *Walter C. Lissner* M. D.
June 5 1916 (Address) *Desoto Mo*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Kate Crahan*
(Address) *Desoto 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.

15 Filed *June 6 1916* *Dr. W. H. ...*
Registrar

19 PLACE OF BURIAL OR REMOVAL *Calvary Cemetery* DATE OF BURIAL *JUN 6 1916*
20 UNDERTAKER *R. Coxwell* ADDRESS *Desoto 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 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, 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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE
A FEE FOR CERTIFICATES UNTIL THEY
ARE COMPLETED AS PRESCRIBED BY
LAW1 PLACE OF DEATH
County JeffersonTownship 1stVillage St. Louis

or

City St. LouisRegistration District No. 420 File No. 71Primary Registration District No. 3023 Registered No. 71No. South 3 St. 1 Ward[If death occurred in a
hospital or institution,
give its NAME instead
of street and number.]2 FULL NAME John Oriabau

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE M
MARRIED
WIDOWED
OR DIVORCED
(Write the word)6 DATE OF BIRTH 1 (Month) 1 (Day) 1916 (Year)7 AGE 2 yrs. 5 mos. 7 ds. If LESS than
1 day.....hrs.
or.....min.?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
FATHER11 BIRTHPLACE
OF FATHER
(City or town, State or foreign country)12 MAIDEN NAME
OF MOTHER13 BIRTHPLACE
OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. J. [Signature](Address) 616 [Address]15 Filed 6/6 1916

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 4 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from
Satisfactory Information Supplied 1916
that I last saw h. alive on June 4 1916and that death occurred, on the date stated above, at St. Louis m.

The CAUSE OF DEATH* was as follow

Paralysis from
Cerebral Hemorrhage(Duration) 2 yrs. 5 mos. 7 ds.CONTRIBUTORY Nothing
(Secondary)(Duration) 2 yrs. 5 mos. 7 ds.(Signature) Walter Gibson M. D.75 1916 (Address) De Soto Ave*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 2 yrs. 5 mos. 7 ds. In the State 2 yrs. 5 mos. 7 ds.Where was disease contracted
if not at place of death?Former or usual residence St. Louis19 PLACE OF BURIAL OR REMOVAL St. Louis DATE OF BURIAL June 4 191620 UNDERTAKER [Signature] ADDRESS [Address]Original file, date JUN 1916

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

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Satisfactory Information Supplied
SUPPLEMENTARY

Revised United States Standard Certificate of Death

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

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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 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.)