

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

1 PLACE OF DEATH

County *Jasper*

Township \_\_\_\_\_

Village \_\_\_\_\_

City *Joplin, Mo.* (NO. *St. John's Hosp* St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. *411*

File No. *37930*

Primary Registration District No. *2002*

Registered No. *692*

2 FULL NAME *Marion Taylor Creech*

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

PERSONAL AND STATISTICAL PARTICULARS

4 MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *Nov 19 1916*  
(Month) (Day) (Year)

6 DATE OF BIRTH *June 18 1847*  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Nov 16 1916* to *Nov 19 1916*, that I last saw him alive on *Nov 19 1916*, and that death occurred, on the date stated above, at *12:45 am*.

7 AGE *69 yrs. 5 mos. 1 ds.* If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows: *Cerebral Aneurysm of Brain due to traumatic injury accidental.*  
(Duration) yrs. mos. *3 ds.*

8 OCCUPATION (a) Trade, profession, or particular kind of work *Merchant* (b) General nature of industry business, or establishment in which employed (or employer) *1864*

9 CONTRIBUTORY *Crushing injury to head* (Secondary) (Duration) yrs. mos. *3 ds.*

BIRTHPLACE (City or town, State or foreign country) *Indiana 82A*

(Signed) *W. E. Creech* M. D. (Address) *Joplin* 191\_\_\_\_\_

10 NAME OF FATHER *John Creech*

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

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

12 MAIDEN NAME OF MOTHER *Prudence Nichol*

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *John Creech* (Address) *Joplin, Mo.*

Where was disease contracted if not at place of death? Former or usual residence.

15 Filed *11/24 1916* *Wm. J. ...* Registrar

19 PLACE OF BURIAL OR REMOVAL *West City Cem.* DATE OF BURIAL *Nov 21 1916*

20 UNDERTAKER *Frank Herrin Co.* ADDRESS *Joplin, Mo.*

# 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 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.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

1 PLACE OF DEATH

County Jasper  
Township Joplin  
Village or City Joplin

Registration District No. 411 File No. 692

Primary Registration District No. 2002 Registered No. 692

St. St. Johns Park Ward

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

2 FULL NAME

Monroe Taylor Greer

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED M  
(Write the word)

16 DATE OF DEATH 11-19-1916  
(Month) (Day) (Year)

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

17 I HEREBY CERTIFY, that I attended deceased from 11-19-1916 to 11-19-1916 that I last saw him alive on 11-19-1916 and that death occurred, on the date stated above, at 11-19-1916 m.

8 If LESS than 1 day.....hrs. or.....min.?

18 THE CAUSE OF DEATH was as follows

9 OCCUPATION (a) Trade, profession, or particular kind of work

Accidental death due to injury  
Face of accidental  
(Duration) yrs. mos. ds. 3 ds.

10 General nature of industry, business, or establishment in which employed (or employer)

CONTRIBUTORY (Secondary) Crushing injury to head  
(Duration) yrs. mos. ds. 3 ds.

11 BIRTHPLACE (City or town, State or foreign country)

(Signed) W. B. Craig M. D.  
11/20/1916 (Address) Joplin Mo

12 NAME OF FATHER

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

14 MAIDEN NAME OF MOTHER

15 BIRTHPLACE OF MOTHER (City or town; State or foreign country)

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

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19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

Where was disease contracted if not at place of death?

20 Informant

Former or usual residence

(Address)

19 PLACE OF BURIAL OR REMOVAL

21 DATE OF BURIAL Nov 1916

Filed 11/24/1916 W. B. Craig Registrar

20 UNDERTAKER

ADDRESS

NOV 1916

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