

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

1 PLACE OF DEATH

County *Boone*
Township *11 Round*
or
Village
or
City (NO. _____ St. _____ Ward _____)

Registration District No. *131* File No. *500*
Primary Registration District No. *582* Registered No. _____

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

2 FULL NAME *James Thurston*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *July 4th 1894*
(Month) (Day) (Year)

7 AGE *74* yrs. *5* mos. *5* 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) *Kentucky*

PARENTS
10 NAME OF FATHER *Don't know*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Don't know*
12 MAIDEN NAME OF MOTHER *Don't know*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Indiana*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Mrs. Maggie Thompson*
(Address) *Memphis Tenn*

15 Filed *Jan 30* 1917 *J. O. Miller* Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 30* 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Jan 21st* 1917 to *Jan 29* 1917, and that I last saw him alive on *Jan 29* 1917, and that death occurred, on the date stated above, at *10 a* m.

The CAUSE OF DEATH* was as follows:
Bright's Disease
131
164 120
(Duration) *5* yrs. _____ mos. _____ ds.

CONTRIBUTORY *Scrubty*
(Secondary)
(Signed) *J. Miller* M. D.
Jan 30 1917. (Address) *Egypt Mills*

*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 *Memphis Tenn* DATE OF BURIAL *Feb* 1917

20 UNDERTAKER *Sturgis and Son* ADDRESS *Boone Garden*

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

nature of the business or
vocation, and (b) the
official line is provided for
to be used only when needed.

cotton mill, (a) Salesman,
 automobile factory. The
 part of the second state-
 Foreman," "Manager,"
 e 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 re-
 tired from business, that fact may be indicated thus:
 Farmer (retired, 6 yrs.) For persons who have no occu-
 pation whatever, write *None*.

Statement of cause of death.—Name, first, the
 DISEASE CAUSING DEATH (the primary affection with re-
 spect to time and causation), using always the same
 accepted term for the same disease. Examples: *Cere-
 brospinal fever* (the only definite synonym is "Epidemic
 cerebrospinal meningitis"); *Diphtheria* (avoid use of
 "Croup"); *Typhoid fever* (never report "Typhoid pneu-
 monia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneu-
 monia," unqualified, is indefinite); *Tuberculosis of lungs*,
 meninges, *peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of
 (name organ; "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 im-
 portant. Example: *Measles* (disease causing death),
 29 ds.; *Bronchopneumonia* (secondary), *10 ds.* Never
 report mere symptoms or terminal conditions, such as
 "Asihenia," "Anaemia" (merely symptomatic), "Atrophy,"
 "Collapse," "Coma," "Convulsions," "Debility" ("Con-
 genital," "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 mis-
 carriage, 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 HOMI-
 CIDAL, 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, *letanus*) may be stated under the head of "Con-
 tributory." (Recommendations on statement of cause of
 death approved by Committee on Nomenclature of the
 American Medical Association.)