

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

1 PLACE OF DEATH

County Benton
Township N. White
or
Village
or
City (NO. St. Ward)

Registration District No. 60 File No. 30981
Primary Registration District No. 5095 Registered No. 10

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

2 FULL NAME Stanley J. Cornman

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 3 14 1917
(Month) (Day) (Year)

7 AGE 6 4 ds.
yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE Benton Co. Mo
(City or town, State or foreign country)

PARENTS
10 NAME OF FATHER John H. Cornman
11 BIRTHPLACE OF FATHER Cole Camp Mo
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Emmie J. Haight
13 BIRTHPLACE OF MOTHER Hopewell N.Y.
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Cornman
(Address) Cole Camp Mo

15 Filed Oct 7 1917 J. H. Jones
Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 18 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 9-13 1917 to 9-18 1917 that I last saw him alive on 9-18 1917 and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows: Illis Colitis
1185
790
(Duration) 6 yrs. 10 mos. 10 ds.

CONTRIBUTORY (Secondary) Meningitis
(Duration) 4 yrs. 4 mos. 4 ds.
(Signed) B. J. Hinde M. D.
9/19 1917 (Address) Lonia 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 6 yrs. 4 mos. 4 ds. In the 6 yrs. 6 mos. 4 ds. State
Where was disease contracted if not at place of death? at P.O.
Former or usual residence Same

19 PLACE OF BURIAL OR REMOVAL Mt. Olivet Cemetery DATE OF BURIAL 9-19 1917
20 UNDERTAKER E. J. Eichhoff ADDRESS Cole Camp 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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Benton Registration District No. 60 File No. _____
 Township N. White or _____ Primary Registration District No. 5095 Registered No. 15
 Village _____ or _____ City _____ (NO. _____ St. _____ Ward _____)

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

2 FULL NAME Stanley J. Orman

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH 9-18-1917
 (Month) (Day) (Year)

6 DATE OF BIRTH 3-14-1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 9-17-1917 to 9-18-1917, that I last saw him alive on 9-18-1917, and that death occurred, on the date stated above, at _____ m.

7 AGE 4 yrs. 4 mos. 4 ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH was as follows:
Measles-Orchitis
104

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

CONTRIBUTORY (Secondary) non epidemic Meningitis
 (Duration) _____ yrs. _____ mos. _____ ds.

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

PARENTS
 10 NAME OF FATHER John C Orman
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Benton Co Mo
 12 MAIDEN NAME OF MOTHER Eugene J Haight
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Hopewell, N.Y.

(Signed) B. F. Winder M. D.
9/19 1917 (Address) Lonis, Mo
 (Duration) _____ yrs. _____ mos. _____ ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Miss John Orman
 (Address) Cole Camp R. 75

*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 6 yrs. 4 mos. 4 ds. In the State 6 yrs. 4 mos. 4 ds.
 Where was disease contracted if not at place of death? at. POD
 Former or usual residence Same

15 Filed _____ 191____ Registrar _____

19 PLACE OF BURIAL OR REMOVAL Mt Olivet Cem DATE OF BURIAL 9-19-1917
 20 UNDERTAKER Ed. Eickhoff ADDRESS Cole Camp Mo

Revised United States Standard Certificate of Death

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

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186081

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 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.)