

1 PLACE OF DEATH

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

County

Township

or

Village

or

City *St. Louis* (NO. *11575*)

Registration District No. *701*

Primary Registration District No. *1003*

City *St. Louis* (NO. *11575*)

File No. *39787*

Registered No. *11083*

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

FULL NAME *James Dawson*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *July 2 1831*
(Month) (Day) (Year)

7 AGE *86 yrs. 4 mos. 14 ds.* If LESS than 1 day, hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work *Latimer 107 A*
(b) General nature of industry, business, or establishment in which employed (or employer) *day 16*

9 BIRTHPLACE
(City or town, State or foreign country) *Massachusetts*

PARENTS
10 NAME OF FATHER *Joseph Dawson*
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Ireland*
12 MAIDEN NAME OF MOTHER *Anna Cavanaugh*
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Ireland*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Harold Starkoff*
(Address) *City of St. Louis*

15 Filed *Nov 21 1917*
1917 *Nov 21 1917* *Mar 21 1917*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov 16 1917*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Nov 12 1917* to *Nov 16 1917*, that I last saw him alive on *Nov 16 1917*, and that death occurred, on the date stated above, at *4th* Ward.
The CAUSE OF DEATH* was as follows:

Pneumonia (Primary)

CONTRIBUTORY (Secondary) *Scintilla*
(Signed) *Harold Starkoff* M. D.
Nov 16 1917 (Address) *City of St. Louis*

*State the Disease Causing Death, or, in death 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, *4* yrs. *4* mos. *4* ds. In the *50* State, *4* yrs. *4* mos. *4* ds.

Where was disease contracted if not at place of death?

Former or usual residence *221 V Broadway*

19 PLACE OF BURIAL OR REMOVAL *Washington U.* DATE OF BURIAL *Nov 21 1917*

20 UNDERTAKER *Guigler Bros* ADDRESS *1426 Nathan*

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

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*; *Broncho-pneumonia* ("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.)