

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

41961

1 PLACE OF DEATH

County Springston  
Township Chillicothe  
or  
Village  
or  
City

Registration District No. 508  
Primary Registration District No. 5674  
(NO. St. Ward)

File No.  
Registered No. 118

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

2 FULL NAME

John Gorman

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 9 1831  
(Month) (Day) (Year)

7 AGE 86 yrs. 7 mos. 8 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) Shail King's Ireland

PARENTS  
10 NAME OF FATHER Not known  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland  
12 MAIDEN NAME OF MOTHER Not known  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Tom J. Gorman  
(Address) Chillicothe Mo

15 Filed Dec. 18 1917 J. C. Shelton  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 17 1917  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 2 1917 to Dec 17 1917, that I last saw him alive on Dec 17 1917, and that death occurred, on the date stated above, at 8:20 A.M.

The CAUSE OF DEATH\* was as follows:

Lobar Pneumonia

CONTRIBUTORY (Secondary) Arterio Sclerosis  
(Duration) 6 yrs. 6 mos. 6 ds.  
(Signed) W. A. S. M. D.  
Dec 18 1917 (Address) Wheeling 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.....

19 PLACE OF BURIAL OR REMOVAL Catholic Church DATE OF BURIAL Dec 19 1917

20 UNDERTAKER J. Mohr & Son ADDRESS Chillicothe 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 a more detailed statement; it should be used only when necessary. As examples: (a) *Spinner*, (b) *Cotton spinner*, (c) *Foreman*, (d) *Automobile mechanic*, (e) *Foreman*, (f) *Automobile mechanic*. The material worked on may form part of the 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 days* (secondary), *10 ds.* Never state terminal conditions, such as "Coma," "Convulsions," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," "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 as probably such, if impossible to determine definitely. Examples: *Accidental Struck by railway train—accident*; *Revolver shot—homicide*; *Poisoned by carbolic acid—suicide*. The nature of the injury, as skull, and consequences (e. g., *sepsis*), 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.)