

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

1 PLACE OF DEATH

County Sheeps

Township _____

Village _____

City _____

Registration District No. 677

Primary Registration District No. 4403

File No. 42276

Registered No. 64

2 FULL NAME

John Samuel Lanning

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Dec 19, 1917
(Month) (Day) (Year)

6 DATE OF BIRTH Nov 22, 1854
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 5, 1917, to Dec 19, 1917, that I last saw him alive on Dec 19, 1917.

7 AGE 63 yrs 29 days
If LESS than 1 day, hrs. or min.?

and that death occurred, on the date stated above, at 9 P. M.

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

The CAUSE OF DEATH* was as follows:
Typhoid fever
1917
1 01

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

(Duration) yrs. mos. 70 ds.

10 NAME OF FATHER William Lanning

CONTRIBUTORY (Secondary) Septic wounds on hand

11 BIRTHPLACE OF FATHER Tenn.

(Duration) yrs. mos. 26 ds.

12 MAIDEN NAME OF MOTHER Mary Ledgerwood

(Signed) Saml. B. Rowe M. D.

13 BIRTHPLACE OF MOTHER Tenn.

Dec 21, 1917 (Address) Rolla Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. J. Demisson
(Address) Rolla 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.

15 Filed Dec. 21, 1917, Jos. F. Ayers
Registrar

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

19 PLACE OF BURIAL OR REMOVAL St. John DATE OF BURIAL 12-21, 1917

20 UNDER-TAKER R. H. McCann ADDRESS Rolla, Mo.

AGE should be stated EXACTLY. PHYSICIANS should classify occupation in very important cases.

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 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 "Asthemia," "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.)

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

1 PLACE OF DEATH

Sheeps

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

County *Sheeps* Registration District No. *677* File No. _____
Township _____ or _____
Village _____ or _____ Primary Registration District No. *4403* Registered No. *64*
City _____ (NO. _____) St. _____ Ward _____

2 FULL NAME *John Samuel Lanning* (If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>m</i>	4 COLOR OR RACE <i>w</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED <i>m</i> (Write the word)
6 DATE OF BIRTH _____. _____. _____. (Month) (Day) (Year)		
7 AGE _____. yrs. _____. mos. _____. ds.		If LESS than 1 day _____. hrs. or _____. min.?
8 OCCUPATION, (a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country)		
PARENTS	10 NAME OF FATHER	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country)	
	12 MAIDEN NAME OF MOTHER	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
_____. _____. _____. 191_____.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from _____, 191_____, to _____, 191_____, that I last saw h. _____ alive on _____, 191_____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Typhoid fever

(Duration) _____. yrs. _____. mos. _____. ds.

CONTRIBUTORY (Secondary) *Septic Wound on hand*
lame injured by accident, abrasion
(Duration) _____. yrs. _____. mos. _____. ds.

(Signed) *Saml B Row* M. D.
Feb 9, 1918 (Address) *Rolla 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 _____

SUPPLEMENTARY

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____
(Address) _____

15 Filed *Feb. 9* 191*8*, *Geo. F. Ayers* Registrar

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____, 191_____.
20 UNDERTAKER _____ ADDRESS _____

N. B.—Every item of information should be as carefully supplied. AGE should be stated EXACTLY. RHY. JAN. should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state should be OCCUPAT. N is very important.

Revised United States Standard Certificate of Death

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

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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), 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.)