

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

2355

1 PLACE OF DEATH

County Pike  
Township .....  
or  
Village .....  
or  
City Louisa (NO. .... St.: .... Ward)

Registration District No. 689 File No. ....  
Primary Registration District No. 3033 Registered No. 1

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

2 FULL NAME Harold Madison

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 14 1889  
(Month) (Day) (Year)

7 AGE 79 yrs. 3 mos. 3 ds. IF LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Retired 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) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Homer Madison  
(Address) Bo Grinn Mo

15 Filed 11/17 1918 Registrar H. E. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 17 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 17 1918 to Jan 17 1918  
that I last saw him alive on Jan 16 1918  
and that death occurred, on the date stated above, at 3:20 m.

THE CAUSE OF DEATH\* was as follows:  
Paralysis

Duration) yrs. .... mos. 5 ds.

CONTRIBUTORY Pneumonia  
(Secondary) Duration) yrs. .... mos. 4 ds.

(Signed) J. W. ... M. D.  
1-17-1918 (Address) Bo Grinn Mo

\*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 yrs. .... mos. 6 ds. In the State yrs. .... mos. .... ds.  
Where was disease contracted if not at place of death at place of death  
Former or usual residence Bo Grinn Mo

19 PLACE OF BURIAL OR REMAINS Mt Pisgah Cemetery DATE OF BURIAL Jan 19 1918

20 UNDERTAKER Bo Grinn Mo ADDRESS Bo Grinn 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, 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*—void 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 septicæmia," "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

1 PLACE OF DEATH

County Pike  
 Township.....  
 or  
 Village.....  
 or  
 City Louisiana (NO..... St..... Ward.....)

Registration District No. 689 File No.....

Primary Registration District No. 3033 Registered No. 5

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

2 FULL NAME Harold Madison

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH.....  
 (Month)..... (Day)..... (Year).....

7 AGE.....  
 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).....

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).....

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

15 Filed 3/17 1918 Registrar J. G. Smith

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 17 1918  
 (Month)..... (Day)..... (Year).....

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

The CAUSE OF DEATH\* was as follows:  
Paralysis by a poplexy  
 (Duration)..... yrs..... mos. 5 ds.

CONTRIBUTORY Pneumonia  
 (Secondary)..... (Duration)..... yrs..... mos. 4 ds.  
 (Signed) J. W. Woodson M. D.  
117 1918 (Address) Louisiana 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..... mon..... 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..... DATE OF BURIAL..... 191.....

20 UNDERTAKER..... ADDRESS.....

# Revised United States Standard Certificate of Death

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

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**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);

235  
Tuberculosis of lungs, meninges, peritoneum, 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), "Atro-  
phy," "Collapse," "Coma," "Convulsions," "De-  
bility," ("Congenital," "Senile," etc.), "Dropsy,"  
"Exhaustion," "Heart failure," "Haemorrhage,"  
"Inanition," "Marasmus," "Old age," "Shock,"  
"Uraemia," "Weakness," etc., when a definite dis-  
ease can be ascertained as the cause. Always qualify  
all diseases resulting from childbirth or miscarriage,  
as "PUERPERAL septicaemia," "PUERPERAL perito-  
nitis," 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 de-  
termine 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." (Recom-  
mendations on statement of cause of death approved  
by Committee on Nomenclature of the American  
Medical Association.)