

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

1 PLACE OF DEATH

County Crisley
Township Washington Registration District No. 754 File No. 2483
or
Village Fairdealings Primary Registration District No. 5995 Registered No.
or
City (NO. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James N. [unclear]

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH not known
(Month) (Day) (Year)

7 AGE not known 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) not known

10 NAME OF FATHER not known

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) not known

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) H. E. White
(Address) Fairdealings

15 Filed Jan 24 18 1918

Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 23 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 23 1918, to Jan 23 1918, that I last saw him alive on Jan 21 1918, and that death occurred, on the date stated above, about 10 a.m.

The CAUSE OF DEATH* was as follows:
acute dilatation of heart
11 1/2 (Duration) definite mo. ds.

CONTRIBUTORY senility (Secondary) (Duration) yrs. mos. ds.

(Signed) H. E. White M. D. Jan 24 1918 (Address) Fairdealings

*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 Fairdealings Am DATE OF BURIAL Jan 25 1918

20 UNDERTAKER W. A. Gish ADDRESS Naylor 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 "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 DEATH 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.)

1 PLACE OF DEATH

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

County Riley Registration District No. 754 File No. 5995
Township Washington Primary Registration District No. 5995 Registered No. 5995
City (NO. St. Ward) X

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

2 FULL NAME

James X Nisen

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) widowed

16 DATE OF DEATH Jan 23 1918
(Month) (Day) (Year)

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

17 I HEREBY CERTIFY, that I attended deceased from Jan 23 1918 to Jan 23 1918
that I last saw h..... alive at 1918
and that death occurred, on the date stated above, at..... m.
The CAUSE OF DEATH* was as follows:

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).....

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).....

CONTRIBUTORY (Secondary)..... (Duration)..... mos..... ds. (Signed)..... M. D. 191..... (Address).....

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

*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.....

15 Filed 1/24 1918 H. E. White Registrar

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]

2483

*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), "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
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was undertaken. For VIOLENT DEATHS state MEANS
OF INJURY and qualify as ACCIDENTAL, SUICIDAL OR
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Struck by railway train—accident; Revolver wound of
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