

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

1 PLACE OF DEATH

County *Jasper*  
Township *Galleria*  
Village *Joplin*  
City *Joplin*

Registration District No. *441* File No. *5500*  
Primary Registration District No. *2009* Registered No. *117*  
St. *2601 Main* Ward

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

2 FULL NAME *Oliver James*

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH *Feb 28 1860*  
(Month) (Day) (Year)

AGE *57 yrs 11 mos 14 ds* If LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (City or town, State or foreign country) *Mo*

PARENTS 10 NAME OF FATHER *W James*  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *unknown*  
12 MAIDEN NAME OF MOTHER *unknown*  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *unknown*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Willis James*  
*Joplin - 2531 Main St*  
(Address)

15 Filed *Feb 15 1918* *J. A. Chenoweth*  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 14 1918*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Jan 1 1918* to *Jan 10 1918*  
that I last saw him alive on *Jan 15 1918*  
and that death occurred, on the date stated above, at *8:30 A.M.*

The CAUSE OF DEATH\* was as follows:  
*Pulmonary Tuberculosis*  
*28*  
(Duration) *1* yrs. *1* mos. *1* ds.

CONTRIBUTORY (Secondary) (Duration) *1* yrs. *1* mos. *1* ds.  
(Signed) *W. H. ... M. D.*  
*Feb 14 1918* (Address) *Joplin 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 *1* yrs. *1* mos. *1* ds. In the State *1* yrs. *1* mos. *1* ds.  
Where was disease contracted if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Carl Junction Cem* DATE OF BURIAL *Feb 15 1918*

20 UNDERTAKER *Frank S. ...* ADDRESS *Joplin 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 of job is to be asked of every person, irrespective of age. For many occupations a single word or term in the first line will be sufficient, e. g. *Farmer* or *Physician*, etc. *Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary fireman*, etc. But in a large number of occupations, especially in industrial employments, it is necessary to show (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) *Department store*; (a) *Foreman*, (b) *Automobile factory*. The second line, if needed, may form part of the second statement. Never return "Laborer," "Foreman," "Carpenter," "Painter," etc., without more precise specification, e. g. *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 actually employed, as *At school* or *At home*. There should be taken to report specifically the occupation 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, use *No occupation*.

**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: *Scarlet 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, 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 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.)