

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

1 PLACE OF DEATH

County Wright
Township 208 CUM
or
Village
or
City Norwood (NO. St. Ward)

Registration District No. 1122 File No. 7672
Primary Registration District No. 6226 Registered No. 4

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

2 FULL NAME Thomas Boone Grubbs

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED OR DIVORCED Married
6 DATE OF BIRTH July 17 1891
7 AGE 97 yrs 6 mos 17 ds If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work Minister of Gospel
(b) General nature of industry, business, or establishment in which employed (or employer) Brick Mason
9 BIRTHPLACE (City or town, State or foreign country) Boling Green, Ken
10 NAME OF FATHER Moody Grubbs
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Un known
12 MAIDEN NAME OF MOTHER Cynthia Boone
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Un known

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 3 1918
17 I HEREBY CERTIFY, that I attended deceased from Feb 1st 1918 to Feb 3rd 1918
that I last saw him alive on Feb 1st 1918
and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:
Cerebral apoplexia
8911
64
(Duration) 6 yrs 4 mos 17 ds.

CONTRIBUTORY (Secondary)
(Signed) R. G. Ryan M. D.
29 1918 (Address) Norwood

*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 97 yrs 6 mos 17 ds. In the State 64 yrs 4 mos 17 ds.
Where was disease contracted if not at place of death?
Former or usual residence.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Cynthia McAllister
(Address) Norwood Mo

19 PLACE OF BURIAL OR REMOVAL Thomas Cemetery DATE OF BURIAL 2/4 1918

15 Filed 2/15 1918 T. B. Bauldin Registrar

20 UNDERTAKER None ADDRESS

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.

WALLER PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 importance of various pursuits can be known. The question applies to each and every person, irrespective of sex or many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer* or *Merchant seaman*, *Compositor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But especially in industrial employments, it is necessary to know (a) the kind of work and also the nature of the business or industry, and therefore a second line is provided for the latter which should be used only when needed.

Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. Occupations worked on may form part of the second line, as *Overseer*, *Laborer*, *Foreman*, *Dealer*, etc., without more precise description.

Examples: *Day laborer*, *Farm laborer*, *Laborer—household*. Women at home, who are engaged in household work only (not paid *Housework*), may be entered as *Housework*, or *At home*, and children, who are employed, as *At school* or *At home*.

Persons 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, 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., 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.)