

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 12274

1 PLACE OF DEATH

County Buchanan

Township \_\_\_\_\_  
or \_\_\_\_\_

Village \_\_\_\_\_  
or St. Joseph

City \_\_\_\_\_ (NO. royes Hospital)

Registration District No. 85

Primary Registration District No. 1001

File No. 121

Registered No. 565

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

2 FULL NAME Russell Gammus

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 18 1913  
(Month) (Day) (Year)

7 AGE 5 yrs. 0 mos. 5 ds. IF LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Edwood Kansas

PARENTS 10 NAME OF FATHER Robert Gammus  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Kansas  
12 MAIDEN NAME OF MOTHER Freda Smith  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kansas

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Freda Gammus  
(Address) Edwood Kansas

15 Filed Apr 26 1918 Had female Registrar

MEDICAL CERTIFICATE OF DEATH

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

17 I HEREBY CERTIFY, that I attended deceased from April 23 1918 to April 23 1918 that I last saw him alive on April 23 1918 and that death occurred, on the date stated above, at 8:40 P. m.

The CAUSE OF DEATH\* was as follows:  
Stroke & hemorrhage

207 M  
103 B (Duration) yrs. mos. ds.

CONTRIBUTORY Evulsion of left leg by train (Secondary) (Duration) yrs. mos. ds.

(Signed) Paul J. Ingram M. D.  
7-24 1918 (Address) Bartlett Bldg

\*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 - Two hours In the State - none of death yrs. mos. ds. yrs. mos. ds.  
Where was disease contracted Edwood, Kansas if not at place of death?  
Former or usual residence Edwood Kansas

19 PLACE OF BURIAL OR REMOVAL Wathens Kansas DATE OF BURIAL April 26 1918

20 UNDERTAKER J. F. Ramsey ADDRESS 94 Olive St.

N. B.—Every item of information should be carefully supplied. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# 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 "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.)

## 1 PLACE OF DEATH

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

County .....

Township .....

or

Village .....

or

City .....

Registration District No. 85

File No. ....

Primary Registration District No. 1001Registered No. 565(NO. Haystack St. .... Ward)

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

FULL NAME Russell Gorman

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE B 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S16 DATE OF DEATH Apr 23 1918  
(Month) (Day) (Year)6 DATE OF BIRTH ..... 1 .....  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Satisfactory information supplied, to ..... 191.....

7 AGE ..... yrs. .... mos. .... ds. If LESS than 1 day ..... hrs. or ..... min.?

that I last saw h..... alive on ..... 191..... and that death occurred, on the date stated above, at ..... m.

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

The CAUSE OF DEATH\* was as follows:  
Spk + Neurology  
Accidental

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

17 1/2  
(Duration) ..... yrs. .... mos. .... ds.

10 NAME OF FATHER .....

CONTRIBUTORY (Secondary) Caulum of left leg by hair

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) .....

(Duration) ..... yrs. .... mos. .... ds. (Signed) Paul Frigore M. D.

12 MAIDEN NAME OF MOTHER .....

Apr 24, 1918 (Address) Bartlett Bldg

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) .....

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

(Informant) .....

At age of ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.

(Address) .....

Where was disease contracted if not at place of death? .....

Former or usual residence .....

15

19 PLACE OF BURIAL OR REMOVAL ..... DATE OF BURIAL ..... 191.....

Filed Apr 26 191.....

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

..... Registrar

.....

.....

.....

.....

.....

IF DEATH IN PLAIN VIEW, SO THAT IT MAY BE SEEN BY ANY UNASSISTED PERSON, THE OCCUPATION IS VERY IMPORTANT.

Satisfactory Information Supplied.

Satisfactory Information Supplied.

E.H.

# 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

12274  
"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.)