

## PLACE OF DEATH

County

Platte

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

Township

Registration District No.

692

File No.

14267

or Village

Primary Registration District No.

4414

Registered No.

or City

(NO.

St.

Ward)

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

FULL NAME

George J. Forman

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male	COLOR OR RACE White	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married
DATE OF BIRTH June 2, 1851 (Month) (Day) (Year)		
AGE 66 yrs. 10 mos. 2 ds.		IF LESS than 1 day, ___ hrs. or ___ mln.?

OCCUPATION  
(a) Trade, profession, or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) Poultry buying

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

PARENTS

NAME OF FATHER	George W Forman
BIRTHPLACE OF FATHER (City or town, State or foreign country)	N.Y.
MAIDEN NAME OF MOTHER	Elizabeth Estes
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant):

Sam Havel

(ADDRESS)

Dearborn Mo.

Filed

April 16 1918 M. M. Moore

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

April 4, 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from

March 27, 1918, to April 4, 1918,

that I last saw him alive on April 4, 1918,

and that death occurred, on the date stated above, at 5<sup>th</sup> m.

The CAUSE OF DEATH\* was as follows:

Pneumonia

(Duration) 1 yrs. 10 mos. 10 ds.

Contributory

(Duration) 1 yrs. 1 mos. 1 ds.

(Signed)

April 4, 1918 (Address) Dearborn, Mo.

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

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? At home

Former or usual residence. Dearborn Mo.

PLACE OF BURIAL OR REMOVAL

Masons Dearborn

DATE OF BURIAL

April 5, 1918

UNDERTAKER

Lucian Davis

ADDRESS

Dearborn Mo.

**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.)

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or

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or Dearborn

City.....

(NO. .... St.; ..... Ward)

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

## 2 FULL NAME

George T. Freeman

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE w. 5 SINGLE MARRIED WIDOWED OR DIVORCED m.  
(Write the word)6 DATE OF BIRTH January 2, 1857  
(Month) (Day) (Year)7 AGE 66 yrs. 10 mos. 2 ds.  
If LESS than 1 day.....hrs. or.....min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry business, or establishment in which employed (or employer) Positivity Business9 BIRTHPLACE (City or town, State or foreign country) MoPARENTS  
10 NAME OF FATHER Geo W. Freeman  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) N.Y.  
12 MAIDEN NAME OF MOTHER Elizabeth Estes  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Sam Herrick  
(Address) Dearborn Mo15 Filed April 10, 1918 W. W. Moore  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 4, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from March 7, 1918 to April 4, 1918, that I last saw him alive on April 4, 1918, and that death occurred, on the date stated above, at 4:00 a.m.The CAUSE OF DEATH\* was as follows:  
Pneumonia Lobar(Duration) 7 yrs. 10 ds.CONTRIBUTORY (Secondary) None known  
(Duration) 7 yrs. 10 ds.(Signed) Geo. M. Hale M. D.  
April 9, 1918 (Address) Dearborn 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) Dearborn Mo  
At place of death 7 yrs. 10 ds. In the State 7 yrs. 10 ds.Where was disease contracted if not at place of death? at home  
Former or usual residence Dearborn Mo19 PLACE OF BURIAL OR REMOVAL Marion Cemetery DATE OF BURIAL April 5, 191820 UNDERTAKER Lucian Davis ADDRESS Dearborn Mo

# Revised United States Standard Certificate of Death

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

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14267  
"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 child-birth or miscarriage, as "PUERPERAL septichaemia," "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.)