CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

1 PLACE OF DEATH

County Cape Girardeau

Township Cape Girardeau Registration District No. 125 File No. 16360

or

Village Primary Registration District No. 3009 Registered No. 82

or

City Cape Girardeau (NO. 628 N. Main St.; 1st Ward)

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

2 FULL NAME George Meredith Johnson

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male

4 COLOR OR RACE Black

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH December 19 (Month) (Day) 1867 (Year)

7 AGE 49 yrs. 4 mos. 21 ds. If LESS than 1 day, ..... hrs. or ..... min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Cape Girardeau

PARENTS

10 NAME OF FATHER Tony Johnson

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Cape Girardeau (?)

12 MAIDEN NAME OF MOTHER Nancie Clark

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Cape Girardeau (?)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Floda Johnson (wife)

(Address) Cape Girardeau Mo

15 Filed 5/11 1918 A P Behrens Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH May (Month) 9 (Day) 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 2, 1918, to May 9, 1918, that I last saw him alive on May 9, 1918, and that death occurred, on the date stated above, at 1:20 P.m.

The CAUSE OF DEATH* was as follows:

Complications resulting from Fractured skull, I.E. Sub dural abscess, Cerebral hernia and general infection of head. (Duration) 10 yrs. 4 mos. 7 ds.

CONTRIBUTORY (Secondary) Paralysis of left arm and leg (Duration) 2 yrs. mos. ds.

(Signed) E. H. Gregory Wilson M. D.

5/9 1918 (Address) Cape Girardeau 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 ..... 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 Fairmount Cemetery DATE OF BURIAL May 11, 1918

20 UNDERTAKER Brinkoff F & U Co ADDRESS Cape Girardeau 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 "*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 *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.)

E. H. G. WILSON, M. D.
210 H.-H. BUILDING

CAPE GIRARDEAU, MO.

May 10th, 1918.

Missouri State Board of Health,
Jefferson City, Mo.

Dear Sirs:

Perhaps the cause of death as given in the case of George Meredith Johnson is not satisfactory, but the following information may be a means of clearing up the points at issue.

January 2nd this party was brought to my office
* with a badly lacerated skull, abrasions on outer surface of left arm at elbow, and outer surface of left knee. Asked him how this happened and he said he was hit by an automobile.

On examination of scalp wound discovered small particles of dirt and gravel, etc. in the wound and after cleaning the wound the best I could I found on further examination a fracture of the skull over the area of the speech center, said fracture being about one inch and half in length.

In a few days the muscles and tissues over the traumatized area were greatly swollen and pus was not draining off. After making numerous small incisions for the purpose of draining off the pus, swollen condition of muscles were reduced and small spicula of bone were removed - <u>not with force</u>.

On February 11th paralysis symptoms began to develop in the right arm and leg and he had impediment of speech.

On February 28th he had an attack of Epilepsy which, no doubt, from the history was of traumatic origin and, then, on March 11th the skull was trephined and subdural abscess discovered and four days later what is known as Cerebral Hernia was present.

Yours very truly,

Dr E. H. Gregory Wilson

uld have been "lacerated Scalp."

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