

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Clinch
Township Harrison or Zionville
City _____ (NO. _____ St. _____ Ward _____)
Registration District No. 208 File No. 2327-A
Primary Registration District No. 4134 Registered No. 5255 10

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

2 FULL NAME

Thomas Jefferson Ingram

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Oct. 15 1916
(Month) (Day) (Year)

6 DATE OF BIRTH Jan 11 1841
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct. 12 1916 to Oct. 15 1916, that I last saw him alive on Oct. 15 1916 and that death occurred, on the date stated above, at 8:12 A.M.

7 AGE 77 yrs. 9 mos. 4 ds. IF LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry business or establishment in which employed (or employer) 108 John

Pneumonia

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

(Duration) yrs. mos. ds. 3

10 NAME OF FATHER Thomas Ingram

CONTRIBUTORY (Secondary) Myocardial degeneration

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

(Duration) yrs. mos. ds. 4

12 MAIDEN NAME OF MOTHER Jullie Morris

(Signed) E. G. Beers M. D.

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

(Address) Trimble, W. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mr. T. J. Ingram
(Address) Trimble, W. Va.

*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

15 Filed 10/16 1916 E. G. Beers Registrar

19 PLACE OF BURIAL OR REMOVAL W. Va. Cem DATE OF BURIAL Oct. 16 1916

UNDERTAKER John M. Beers 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.

United States Standard Certificate of Death

Prepared by U. S. Census and American Public Health
Association.

Statement of occupation.—Precise statement of occupation is very important, so that the relative fitness of various pursuits can be known. The statement applies to each and every person, irrespective of sex. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in some cases, 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 an additional line is provided for the latter purpose; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Sales-Grocery*; (a) *Foreman*, (b) *Automobile factory*. A person who worked on may form part of the second line. Never return "Laborer," "Foreman," "Farmer," "Dealer," etc., without more precise designation, as *Day laborer*, *Farm laborer*, *Laborer—mechanic*, etc. Women at home, who are engaged in duties of the household only (not paid *Housewife*, *Housework*, or *At home*, and children, who are fully employed, as *At school* or *At home*, should be taken to report specifically the occupation of persons engaged in domestic service for such as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact should be indicated thus: *Farmer (retired, 6 yrs.)*

Persons who have no occupation whatever, should write *None*.

Statement of cause of death.—Name, first, of 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.)