

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

1 PLACE OF DEATH

County Jackson

Township Blue

Village Independence, Mo.

City Independence, Mo.

Registration District No. 398

Primary Registration District No. 3019

(No. 205 W. Ruby St.; Ward)

File No. 33183

Registered No. 211

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

2 FULL NAME John S. Eason

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH October 17th, 1865.
(Month) (Day) (Year)

7 AGE 52 II I4 If LESS than 1 day, hrs. or min.?
yrs. mos. ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer Retired
(b) General nature of industry, business, or establishment in which employed (or employer) 4 yrs.

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

10 NAME OF FATHER Samuel Eason

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

12 MAIDEN NAME OF MOTHER Mirinda Hinsley

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

14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) Sarah M. Eason

(Address) Independence, Mo.

15 Filed Oct 4 1918 Registrar C. F. G. Cook

Registrar C. D. CARSON

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 1st, 1918.
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from July 20, 1918 to Oct 4, 1918 that I last saw him alive on Oct 1, 1918 and that death occurred, on the date stated above, at 5A m.

The CAUSE OF DEATH* was as follows:

31 Chronic Bright
W (Autointoxication)
(Duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) ✓

(Signed) C. D. Carson M. D.
Oct 4 1918 (Address) Independence, Mo.

*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 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 Mount Zion DATE OF BURIAL October, 1918.

20 UNDERTAKER C. D. CARSON ADDRESS Independence, Mo.

very important.
 carefully as it may be
 on plain

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 the first line will be sufficient, e. g., *Farmer* or *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 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) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. Material worked on may form part of the second line. Never return "Laborer," "Foreman," "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* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, if fully employed, as *At school* or *At home*. Should be taken to report specifically the occupation of persons engaged in domestic service for *Household*, *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of DISEASE CAUSING DEATH, state occupation at the beginning of illness. If retired from business, that should be indicated thus: *Farmer (retired, 6 yrs.)*. Sons who have no occupation whatever, return *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, 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 "Asthemia," "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.)