

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

1 PLACE OF DEATH

County Pike  
Township Calumet  
or  
Village  
or  
City (NO. St. Ward)

Registration District No. 685 File No. 9 35251  
Primary Registration District No. 599B Registered No. 31

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

2 FULL NAME Harry Johnson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Oct 20, 1888  
(Month) (Day) (Year)

7 AGE 34 yrs 11 mos 14 ds. If LESS than 1 day.....hrs. or.....min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Paynesville Mo

PARENTS  
10 NAME OF FATHER Prime Johnson  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown  
12 MAIDEN NAME OF MOTHER Kittie Cook  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Pike Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Anna Scott  
(Address) Paynesville Mo

15 Filed Oct 10, 1918 W. M. Tredder  
Registrar

1 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 4, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept 25, 1918, to Oct 3, 1918, that I last saw him alive on Oct 3, 1918, and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH\* was as follows:  
Acute Tuberculosis  
130  
119  
(Duration) 119 yrs. 30 mos. 0 ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.  
(Signed) Chas. B. Ayers M. D.  
Oct 4, 1918 (Address) Paynesville 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 25 yrs. 11 mos. 14 ds. In the 11 State 11 yrs. 11 mos. 14 ds.  
Where was disease contracted if not at place of death? at place of death  
Former or usual residence near Paynesville

19 PLACE OF BURIAL OR REMOVAL Ramsay DATE OF BURIAL Oct 6, 1918

20 UNDERTAKER Gorch & Tucker ADDRESS Colia Mo

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.

# Revised United States Standard Certificate of Death

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

RAILROAD AND INTERNAL IMPROVEMENTS  
 COMMITTEE ON  
 CHAIRMAN  
 VON MAYER

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative usefulness of various pursuits can be known. The same applies to each and every person, irrespective of age. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer* or *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in special 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 statement, as *Day laborer*, *Farm laborer*, *Laborer—ne*, 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 *wife*, *Housework*, or *At home*, and children, if fully employed, as *At school* or *At home*. It 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," "Anæmia" (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.)