

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.

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

45952

1 PLACE OF DEATH  
County Jackson  
Township Boonville  
or  
Village Boonville  
or  
City Boonville

Registration District No. 1003  
Primary Registration District No. 1003  
(NO. Boonville St. 16 Ward)

File No. 45952  
Registered No. \_\_\_\_\_

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

2 FULL NAME Benny Harris

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male  
4 COLOR OR RACE White  
5 MARRIED Married  
(Write the word)  
6 DATE OF BIRTH July 19 1882  
(Month) (Day) (Year)

7 AGE 36 yrs. 4 mos. 16 ds.  
If LESS than 1 day, hrs. or min.

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

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

PARENTS  
10 NAME OF FATHER James Harris  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.  
12 MAIDEN NAME OF MOTHER Bethie Jackson  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Bethie Jackson  
(Address) 1304 - E. 16 St

15 Filed 12/6 1918 Ady Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 4 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 1 1918 to Dec 4 1918  
that I last saw him alive on Dec 4 1918  
and that death occurred, on the date stated above, at 4 a.m.  
The CAUSE OF DEATH\* was as follows:

Robbery Pneumonia  
108 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) \_\_\_\_\_  
(Duration) yrs. mos. ds.  
(Signed) Ady Jones M. D.  
1300 E 18 (Address) 1918

\*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 Columbia Mo. DATE OF BURIAL Dec 7 1918

20 UNDERTAKER Jno W Jones ADDRESS 440 State

# 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 health-  
various pursuits can be known. The question  
o each and every person, irrespective of age.  
y occupations a single word or term on the first  
be sufficient, e. g., *Farmer or Planter, Physician,*  
*lor, Architect, Locomotive engineer, Civil engineer,*  
*ry 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 state-  
ment. 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 *Serv-*  
*ant, 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 re-  
tired from business, that fact may be indicated thus:  
*Farmer (retired, 6 yrs.)* For persons who have no occu-  
pation whatever, write *None.*

**Statement of cause of death.**—Name, first, the  
DISEASE CAUSING DEATH (the primary affection with re-  
spect to time and causation), using always the same  
accepted term for the same disease. Examples: *Cere-*  
*brospinal fever* (the only definite synonym is "Epidemic  
cerebrospinal meningitis"); *Diphtheria* (avoid use of  
"Croup"); *Typhoid fever* (never report "Typhoid pneu-  
monia"); *Lobar pneumonia;* *Bronchopneumonia* ("Pneu-  
monia," 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 im-  
portant. 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*" ("*Con-*  
*genital,*" "*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 mis-  
carriage, 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 HOMI-  
CIDAL, 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 "Con-  
tributory." (Recommendations on statement of cause of  
death approved by Committee on Nomenclature of the  
American Medical Association.)

JUL 27 1950