

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

1 PLACE OF DEATH

County Rike

Township _____

Village _____

City Louisiana

Registration District No. 689

Primary Registration District No. 3033

(NO. Ohio St. _____ Ward _____)

File No. 47970

Registered No. 79

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

2 FULL NAME Alexander Grant Moze

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov 27 1882
(Month) (Day) (Year)

7 AGE 36 If LESS than 1 day...hrs. or...min.?
yrs. mos. da.

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

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

PARENTS 10 NAME OF FATHER Alex Moze
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.
12 MAIDEN NAME OF MOTHER Berte Rogers
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lincoln Co. Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Berte Casale
(Address) Louisiana Mo

15 Filed Dec 31 1918 Registrar J. Fred [unclear]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 28 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 1 1918 to Dec 28 1918
that I last saw him alive on Dec 28 1918
and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
23 1/2 (Duration) about 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) WR Harden
(Signed) 12/30 1918 (Address) Louisiana 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 Louisiana Mo DATE OF BURIAL Dec 30 1918

20 UNDERTAKER J. H. [unclear] ADDRESS Louisiana Mo

CAUSE OF DEATH IN THIS STATE IS A PUBLIC HEALTH MATTER AND SHOULD BE PROPERLY EXAMINED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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, Composer, 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 occupation of persons engaged in domestic service for as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of illness. If retired from business, that should be indicated thus: *Farmer (retired, 6 yrs.)*. Persons who have no occupation whatever, report as *None*.

Statement of cause of death.—Name, first, of the disease causing death (the primary affection nearest to time and causation), using always the accepted term for the same disease. Examples: *Scarlet fever* (the only definite synonym is *diphtheria cerebrospondylitis*); *Diphtheria* (the only definite synonym is *diphtheria*); *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.)