

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

1 PLACE OF DEATH

County Adair  
 Township North Registration District No. 2 File No. 1  
 Village Novinger Primary Registration District No. 4004 Registered No. 1  
 City (NO. St. Ward)

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

2 FULL NAME James Mooney

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH July 1 1907  
 (Month) (Day) (Year)

AGE 11 yrs. 6 mos. 3 ds.  
 If LESS than 1 day, hrs. or min.?

OCCUPATION  
 1) Trade, profession, or particular kind of work  
 2) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE  
 City or town, State or foreign country Mo

10 NAME OF FATHER James Mooney

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

12 MAIDEN NAME OF MOTHER Mrs. Ewert

13 BIRTHPLACE OF MOTHER  
 (City or town, State or foreign country) Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Mooney  
 (Address) Novinger Mo

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 4 1919  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 20 1918, to Jan 4 1919, that I last saw him alive on Jan 4 1919, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH\* was as follows:  
Lobar pneumonia

108 92  
 (Duration) yrs. mos. 7 ds.

CONTRIBUTORY (Secondary)  
 (Duration) yrs. mos. ds.

(Signed) M. E. Serpen M. D.  
Jan 5 1919 (Address) Novinger

\*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 Novinger Cem DATE OF BURIAL 1919

20 UNDERTAKER N B Williams ADDRESS Novinger Mo

Filed Jan 5 1919 J. L. Lashwin Registrar

# Revised United States Standard Certificate of Death

[Approved]

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

## Statement of occupation

**Statement of occupation.**—Precise statement of healthful occupation is very important, so that the relative question of various pursuits can be known: The term of applies to each and every person, irrespective of many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *engineer*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But it is necessary, especially in industrial employments, (b) the nature of the business or industry, and therefor an additional line is provided for the latter as an example; 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 statement. Never return "Laborer," "Foreman," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer in the field*, 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, Care should be taken to report specifically the occupation 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 disease causing death, state occupation at the 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

**Statement of cause of death.**—Name, first, with respect to time and causation), using always the same accepted term for the same disease. Examples: "Epidemic cerebrospinal fever (the only definite synonym is cerebrospinal meningitis)"; *Diphtheria* 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 "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—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.)