

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Linn

Township _____

or _____

Village _____

or _____

City ProyRegistration District No. 491File No. 28000Primary Registration District No. 4298Registered No. 46

(NO. _____ St. _____ Ward _____)

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

2 FULL NAME Jamies Robute

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED married WIDOWED OR DIVORCED (Write the word)6 DATE OF BIRTH Sept 21, 1867
(Month) (Day) (Year)7 AGE 62 yrs. 14 mos. 14 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Railroad Contractor
(b) General nature of industry business, or establishment in which employed (or employer)9 BIRTHPLACE (City or town, State or foreign country) Iowa10 NAME OF FATHER Joseph Robute11 BIRTHPLACE OF FATHER unknown12 MAIDEN NAME OF MOTHER Martha Wilson13 BIRTHPLACE OF MOTHER unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carly Dury(Address) Proy, Mo15 Filed Sept 22, 1919 W P Smith

Registrar

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 21, 1919
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from March, 1919, to Sept 21, 1919, that I last saw him alive on Sept 7, 1919, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

131
Chronic Interstitial Nephritis
137
about 7 yrs. mos. ds.
(Duration)CONTRIBUTORY (Secondary) dilatation of heart
Prostatic disease
(Duration) yrs. mos. ds.(Signed) S R McKay M. D.
Sept 22, 1919 (Address) Proy, 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 Abundant Cemetery DATE OF BURIAL Sept 23, 191920 UNDERTAKER Kempshaw & Co ADDRESS Proy Mo

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 usefulness of various pursuits can be known. The statement applies to each and every person, irrespective of sex. For many occupations a single word or phrase the first line will be sufficient, e. g., *Farmer or Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in some 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.* A journeyman worked on may form part of the second line. Never return "Laborer," "Foreman," "Dealer," etc., without more precise description, as *Day laborer, Farm laborer, Laborer—household*, 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 *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, 8 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, 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—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.)