

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

32876

1. PLACE OF DEATH

County Cass Registration District No. 462 File No. _____
 Township Buck Prairie Primary Registration District No. 5629 Registered No. 68
 City _____ (No. 5629) St. _____ Ward _____

2. FULL NAME

John F. Wise
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 9 1914</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>11</u>
		24
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>Buck Prairie, Iowa</u> (STATE OR COUNTRY)		
10. NAME OF FATHER <u>E. N. Wise</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Marionville</u> (STATE OR COUNTRY) <u>Mo</u>		
12. MAIDEN NAME OF MOTHER <u>Hattie Gaines</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Falksville</u> (STATE OR COUNTRY)		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 3rd 1921
 17. I HEREBY CERTIFY, That I attended deceased from Nov 23rd, 1921, to Dec 3rd, 1921 (that I last saw him/her live on Dec 3rd, 1921), and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
 (duration) yrs. mos. 8 da.
 CONTRIBUTORY (SECONDARY) Meningitis, Cerebral
 (duration) yrs. mos. 3 da.

18. WHERE WAS DISEASE CONTRACTED Buck Prairie
 (IF NOT AT PLACE OF DEATH)
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. M. Neelmer, M. D.
 , 19 (Address) Marionville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

14. INFORMANT Ernest Gaines
 (Address) Marionville Mo
 15. FILED Dec 5 1921 J. P. Andrews
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marionville Mo DATE OF BURIAL 12/4 1921
 20. UNDERTAKER R.H. Feste Marionville Mo. ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.]

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*, *Compositor*, *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 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*.....
pneumonia ("Pneumonia," unqualified, if.....
Tuberculosis of lungs, meninges, perit.....
Carcinoma, Sarcoma, etc., of.....
 gin; "Cancer" is less definite; avoid use o.....
 for malignant neoplasms); *Measles*; *Whooping cough*;
Chronic valvular heart disease; *Chronic interstitial*
nephritis, etc. The contributory (secondary or inter-
 current) 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," "Anemia" (merely symptom-
 atic), "Atrophy," "Collapse," "Coma," "Convul-
 sions," "Debility" ("Congenital," "Senile," etc.)
 "Dropsy," "Exhaustion," "Heart failure," "Hem-
 orrhage," "Inanition," "Marasmus," "Old age,"
 "Shock," "Uremia," "Weakness," etc., when a
 definite disease can be ascertained as the cause.
 Always qualify all diseases resulting from child-
 birth or miscarriage, as "PUERPERAL septicemia,"
 "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 rail-*
way 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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
 BY PHYSICIAN.