

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

2. [REDACTED]

**1. PLACE OF DEATH**

County Adair  
Township  
City Novinger Mo.

Registration District No. 52  
Primary Registration District No. 4004

File No. [REDACTED]  
Registered No. 47  
St. [REDACTED] Ward

**2. FULL NAME**

William Jones  
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF His wife is now Mrs Shoof Albert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
61 6 13

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work miner  
(b) General nature of industry, business, or establishment in which employed (or employer) Coal  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) West Virginia

10. NAME OF FATHER David Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) W. Va.

12. MAIDEN NAME OF MOTHER don't no.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) W. Va.

14. INFORMANT Myrtle Skinner (Address) Novinger Mo.

15. FILED 1/9 1922 J. S. Reschewiler REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/9 19 22

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ in \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
died in bed at night found dead  
Jan 9 - Cause unknown - probably  
cause of removal - did not have  
med. attendance (duration) 3 yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) both our dose of  
resphum (duration) \_\_\_\_\_ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? none

WHAT TEST CONFIRMED DIAGNOSIS? own history  
(Signed) J. Reschewiler Registrar  
1/9 1922 (Address) Novinger

\*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.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Novinger Cemetery DATE OF BURIAL 1/10 1922

20. UNDERTAKER Llewellyn A. [unclear] ADDRESS Novinger, Mo.

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, 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 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

nqualified, is innocente);  
inges, peritoneum, etc.,  
of..... (name ori-  
"Typhoid pneumonia"); *Lobar pneumonia* ("Pneumonia," *Measles, Whooping cough; Tuberculosis of lungs, meningitis; Chronic interstitial Carcinoma, Sarcoma, etc., of utery (secondary or ingin; "Cancer" is less definite (not be stated unless imfor malignant neoplasms) M (disease causing death), Chronic valvular heart disea, (secondary), 10 ds. nephritis, etc. The contribut or terminal conditions, terocurrent) affection need noia" (merely symptomportant. Example: Measles e, "Coma," "Convul-29 ds.; Bronchopneumonia nital," "Senile," etc.). Never report mere symptoms: Heart failure," "Hem-such as "Asthenia," "Anem (arasmus," "Old age," atic), "Atrophy," "Collapse, kness," etc., when a sions," "Debility" ("Conge, ertained as the cause. "Dropsy," "Exhaustion," "s resulting from child-orrhage," "Inanition," "MPUERPERAL septicemia," "Shock," "Uremia," "Wen, etc. State cause for definite disease can be asc, was undertaken. For Always qualify all diseases, OF INJURY and qualify birth or miscarriage, as "P. or HOMICIDAL, or as "PUERPERAL peritonitis," e to determine definitely, which surgical operation wning; struck by rail-VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OF 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 solo cause of death: Abortion, colulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlobitis, 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.