

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

1 PLACE OF DEATH

County Monk
Township Grant City
Village Grant City
City (NO. St. Ward)

Registration District No. 903 File No. 15063

Primary Registration District No. ASHS Registered No. 8

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

2 FULL NAME Jewis Philip Seate

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 June 14 1868
(Month) (Day) (Year)

7 AGE 57 yrs. 10 mos. 9 ds. IF LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) North Co. Mo.

PARENTS
10 NAME OF FATHER Henry Seate
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Gen
12 MAIDEN NAME OF MOTHER Barbara Hoos
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) South Mo.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary Seate
(Address) Grant City

15 Filed 5/7 1923 John Andrews Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 23 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct, 1922, to Apr 23, 1923, that I last saw him alive on Apr 20, 1923, and that death occurred, on the date stated above, at 6 P m.

The CAUSE OF DEATH* was as follows:
Drowned in
City Reservoir
18 (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) John Andrews M. D.
Grant City 1923 (Address)

*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)

19 At place of death (State) 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 Hitchell Ave DATE OF BURIAL Apr 18 1923

20 UNDERTAKER Or Prugh ADDRESS Grant City

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*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, 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.)

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Worth
 Township
 City Grant City (No.) St. Ward)

Registration District No. 903
 Primary Registration District No. 7545

File No.
 Registered No.

2. FULL NAME

Lewis Philip Slate

(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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 6/10 1923 John A. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 19 23

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Drowned in city reservoir
Body was found
City despot
front of new shop
jumped in fell
accidents
not willing to tell the
was there an autopsy?

18. WHETHER DISEASE CONTRACTED (1) MEANS AND NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)
NOT A CASE OF
accidents
not willing to tell the
was there an autopsy?

WHAT TEST CONCERNED DIAGNOSIS:
 (Signed) John A. ..., M. D.
 1897 (Address) Grant City

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

vised United States Standard Certificate of Death

oved by U. S. Census and American Public Health
Association.)

Statement of Occupation.—Precise statement of
pation is very important, so that the relative
thfulness of various pursuits can be known. The
tion applies to each and every person, irrespec-
of age. For many occupations a single word or
on the first line will be sufficient, e. g., *Farmer* or
Physician, *Composer*, *Architect*, *Locomo-*
Engineer, *Civil Engineer*, *Stationary Fireman*, etc.
In many cases, especially in industrial employ-
ts, it is necessary to know (a) the kind of work
also (b) the nature of the business or industry,
therefore an additional line is provided for the
r statement; it should be used only when needed.
Examples: (a) *Spinner*, (b) *Cotton mill*, (a) *Sales-*
man, (b) *Grocery*, (a) *Foreman*, (b) *Automobile fac-*
tory. The material worked on may form part of the
nd statement. Never return "Laborer," "Fore-
man," "Manager," "Dealer," etc., without more
ise specification, as *Day laborer*, *Farm laborer*,
Laborer—Coal mine, etc. Women at home, who are
gaged in the duties of the household only (not paid
housekeepers who receive a definite salary), may be
terred as *Housewife*, *Housework* or *At home*, and
ildren, not gainfully employed, as *At school* or *At*
me. Care should be taken to report specifically
e occupations of persons engaged in domestic
vice for wages, as *Servant*, *Cook*, *Housemaid*, etc.
the occupation has been changed or given up on
ount of the DISEASE CAUSING DEATH, state occu-
tion at beginning of illness. If retired from busi-
s, that fact may be indicated thus: *Farmer (re-*
tired, 8 yrs.) For persons who have no occupation
ever, write *None*.

Statement of Cause of Death.—Name, first,
DISEASE CAUSING DEATH (the primary affection
in respect to time and causation), using always the
e accepted term for the same disease. Examples:
Subspinal fever (the only definite synonym is
Idiemic cerebrospinal meningitis); *Diphtheria*
oid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-*
pneumonia ("Pneumonia," unqualified, is indefinite);
Tuberculosis of lungs, meninges, peritoneum, etc.,
Carcinoma, Sarcoma, etc., of..... (name ori-
gin; "Cancer" is less definite; avoid use of "Tumor"
for malignant neoplasma); *Measles, Whooping cough*;
Chronic valvular heart disease; *Chronic interstitial*
nephritis, etc. The contributory (secondary or In-
tercurrent) 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 undesir-
able terms and refuse to accept certificates containing them.
Thus the form in use in New York City states: "Certificate
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, hemor-
rhage, 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.

15063