

1 PLACE OF DEATH

County New MadridTownship West

Village

City Canalon Mo (NOWRegistration District No. 1133

File No.

Primary Registration District No. 4587Registered No. 7

St. Ward

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

2 FULL NAME James H. Gussers

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Mar
(Write the word)6 DATE OF BIRTH July 19th 1873
(Month) (Day) (Year)7 AGE 50 yrs. 6 mos. 21 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry business, or establishment in which employed (or employer)9 BIRTHPLACE
(City or town, State or foreign country) Mosent-Gervine IllPARENTS
10 NAME OF FATHER James Gussers
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Asher Ill
12 MAIDEN NAME OF MOTHER Jane McKee
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Asher Ill

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Gussers(Address) Canalon Mo15 Filed June 10 / 1923 Llewellyn Daugherty
RegistrarMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 19334

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 15, 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from April 26, 1923 to June 1, 1923
that I last saw him alive on June 1, 1923

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Nephritis Chronic

(Duration) yrs. mos. ds.

CONTRIBUTORY Nephritis Acute
(Secondary) (Duration) yrs. mos. ds.(Signed) H. C. Presnell M. D.June 1, 1923 (Address) Canalon 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 Mathews Mo DATE OF BURIAL June 1 / 192320 UNDERTAKER Don't Know ADDRESS

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., *Farmër* 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 minè*, 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, meningès, peritonæum, etc.*, *Carcinoma, Sarcoma, etc.*; of (name origin; "Cancer" is less definite, avoid use of "Tumor" for malignant neoplasms); *Malaria*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Malaria* (secondary causing death); *29 ds.*; *Bronchopneumonia* (secondary) *2 ds.*. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," "General (symptomatic) Atrophy," "Collapse," "Convulsions," "Debility" ("Comatose state," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Shock," "Uraemia," "Weakness," etc. A definite disease can be ascertained as the cause. Always qualify all diseases resulting from old birth or miscarriage, as "PUERPERAL septichæmia," "PUERPERAL peritonitis," etc. State cause for all violent operations 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: *Capital 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.)