

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

24467

**1. PLACE OF DEATH**

County Gasper Registration District No. 408 File No. \_\_\_\_\_  
 Township Jackson Primary Registration District No. 5563 Registered No. 1459  
 City Webb City, Gasper County Tuberculosis Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Vernon Hammond  
 (a) Residence No. 1309 Forest St. \_\_\_\_\_ Ward Carthage, Mo.  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 21, 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
24 9 10

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Invalid  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Lawrence County  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER George H. Hammond

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

12. MAIDEN NAME OF MOTHER Mary Liles

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

14. INFORMANT Mrs. Mary Hammond  
 (Address) 1309 Forest

15. FILED Aug 1, 1923 S. B. Clinton  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 1st 1923

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1923, to August 1st, 1923  
 that I last saw him alive on August 1st, 1923, and that death occurred, on the date stated above, at 12:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Tuberculosis, pulmonary

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) 4 yrs 6 mos ds.

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

19. DID AN OPERATION PRECEDE DEATH? no \_\_\_\_\_

WAS THERE AN AUTOPSY? no \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Physical examination

(Signed) Jarney Kinsler, M. D.  
Aug 1st 1923 (Address) Webb City, 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.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Everton, Mo. DATE OF BURIAL Aug. 4th 1923

20. UNDERTAKER Knee Mortuary ADDRESS Carthage, Mo.

N. E.—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.

WRITE CAREFULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

# 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 same applies to each and every person, irrespective of age. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer* or *Teacher*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. 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, therefore an additional line is provided for the latter statement; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the latter statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Miner*—*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 reported 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* (read, 8 yrs.) For persons who have no occupation whatever, write *None*.

**Statement of cause of Death.**—Name, first, and DISEASE CAUSING DEATH (the primary affection in respect to time and causation), using always the most accepted term for the same disease. Examples: *Rebrospinal fever* (the only definite synonym is epidemic cerebrospinal meningitis); *Diphtheria* (old 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. Examples: *Measles* (disease causing death), 29 ds.; *Lobar pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth 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 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.)

**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.