

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

20462

1. PLACE OF DEATH

County Jackson

Registration District No.

File No.

Township 7th

Primary Registration District No.

Registered No.

City R. C. Mo. (No. 2330)

Brighton

St.

Ward)

2. FULL NAME

(a) Residence No. Northmoor Mo. 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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFBela C. Parson's

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

Mar. 25, 1879

7. AGE

YEARS 70MONTHS 3DAYS 24

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Dubuque

(STATE OR COUNTRY)

Iowa

10. NAME OF FATHER

A. J. Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Alabama

12. MAIDEN NAME OF MOTHER

Mary Loyd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Bela C. Parson2330 Brighton

15.

FILED

7/17, 1924 M. M. Cerove

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 16, 1924

17.

I HEREBY CERTIFY, That I attended deceased from

July 2nd, 1924, to July 16th, 1924
that I last saw him alive on July 17th, 1924, and that death occurred, on the date stated above, at 7-30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis12103C(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Chronic myocarditis(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OFWAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? urine analysis(Signed) W. L. Ray, M. D.7-17, 1924 (Address) 321 Altman Bldg

*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

DATE OF BURIAL

Mt. MoriahJuly 18, 1924

20. UNDERTAKER

ADDRESS

Eylar Bros1800 Linwood

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, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of..... (name origin; "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 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," "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.

Dr. W. D. Gray
321
Altman Bldg. Harmon 1488

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

Do not use this space.

20462

2702

File No. _____
Registered No. _____
St. _____ Ward _____

PLACE OF DEATH

County Jackson Registration-District No. _____
Township Ray Primary Registration District No. _____
City W. C. Mo. (No. 2330 Brighton)

FULL NAME

Name Miss Allie Parsons
Residence No. Northmore Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 16 1924

6. MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Bela C. Parsons 1854

17. I HEREBY CERTIFY That I attended deceased from July 2nd 1924 to July 16th 1924 that I last saw her alive on July 14th 1924 and that death occurred, on the date stated above, at 17-30 P.M.

8. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 25, 1874

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
70 3 24

Chronic interstitial nephritis
131 93C (duration) 5 yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY) Chronic myocarditis
(duration) 5 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Dyersburg
(STATE OR COUNTRY) Iowa

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

10. NAME OF FATHER A. J. = Jackson

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

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

20. WAS THERE AN AUTOPSY? No.

12. MAIDEN NAME OF MOTHER Mary Lloyd

21. WHAT TEST CONFIRMED DIAGNOSIS? Urine analysis
(Signed) W. L. Ray M. D.
7-17, 1924 (Address) 321 Altman Bldg

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

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

14. INFORMANT Bela C. Parsons
(Address) 2330 Brighton

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Moriah DATE OF BURIAL July 18 1924

FILED 7/17 1924 M. M. Cerneau REGISTRAR

20. UNDERTAKER Eylar Bros ADDRESS 1800 Duivoo

Items #6, 10 amended by affidavit of next of kin verified by Census record & FBI

12-22-REB:PTS

14-1-1924