

{\*Village \*Township }Primary  
{\*City \*Road Dist. }Dist. No.

STANDARD CERTIFICATE OF DEATH

\*(Cancel the three terms not applicable—Do not enter "R. R." "R. F. D." or other P. O. address).

Street and Number, No. Bonne Terre Hospital St. Bonne Terre, Mo Registered No. \_\_\_\_\_ (Consecutive No.)  
(If death occurred in a hospital or institution, give its NAME instead of street and number.) Hospital.

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.

2. FULL NAME James A. Duquesne  
(a) Residence: No. Leadwood Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married Widowed or Divorced (write the word) M

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH Apr 8 - 1893

7. AGE Years 32 Months 9 Days 2 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mines

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mines

10. Date deceased last worked at this occupation (month and year) Jan 9, 1926 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) St. Clair, Mo.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (city or town) (State or country) \_\_\_\_\_

17. INFORMANT Lucile M. Donald (personal signature with pen and ink)

P. O. Address 1993 M. Lemore Memphis Tenn

18. PLACE OF BURIAL, Cremation or Removal St. Lee & Monroe, M.D. Personal 183  
Location buried in the cemetery  
to the disposal and said that the funeral arrangements  
was correct copy. State \_\_\_\_\_

20. UNDERTAKER W. Storm ADDRESS \_\_\_\_\_  
(personal signature with pen and ink) Notary Public  
Nov 7, 1926 (firm name, if any)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 10 1926

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1926 to Jan 10 1926

I last saw him alive on Jan 10 1926; death is said to have occurred on the date stated above, at 10:30 a.m.

\*The principal cause of death and related causes of importance were as follows:

Mine Explosion  
Fractured base of skull  
& ribs -

Date of onset

Other contributory causes of importance: Accident

23. Was an operation performed? NO Date of \_\_\_\_\_  
For what disease or injury? NO

Was there an autopsy? NO

What test confirmed diagnosis? Phys. Exa

24. If a communicable disease; where contracted? NO

Was disease in any way related to occupation of deceased? Yes  
If so, specify how: Accident in mine

(Signed) Lee E. Monroe M. D.  
Address Washington D.C.  
Date Nov. 7 1926 Telephone \_\_\_\_\_

25. Filed Washington Registrar. Illinois

\*N. B.—State the disease causing death. All cases of death from "violence, casualty, or any undue means" must be referred to the coroner. See Section 10 Coroner's Act.

P. O. Address \_\_\_\_\_ Ill.

Has decedent ever served in military or naval service of U. S.?

Dr. Lee & Monroe, M.D. Personal  
buried in the cemetery  
to the disposal and said  
that the funeral arrangements  
was correct copy. State \_\_\_\_\_

private family, cook—hotel, etc. For a person who had no occupation whatever write none.

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and that, as *spinner, weaver, etc.*  
 In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary eng.* etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants and wholesale merchants*. A person who sells goods should be called a *salesman* not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e.g., heart failure, asphyxia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause or important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II																								
(Note: Certificate must be signed by a legally qualified physician.)	(*Note: A Coroner's case in Illinois; Certificate must not be signed by physician. See margin.)																								
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Date of onset</th> </tr> </thead> <tbody> <tr> <td>Atherosclerosis</td> <td style="text-align: center;">1915</td> </tr> <tr> <td>Chronic interstitial nephritis</td> <td style="text-align: center;">1921</td> </tr> <tr> <td>Cerebral hemorrhage</td> <td style="text-align: center;">July 5, 1927</td> </tr> <tr> <td>Other contributory causes of importance:</td> <td></td> </tr> <tr> <td>Tuberculosis</td> <td style="text-align: center;">May 1, 1923</td> </tr> </tbody> </table>		Date of onset	Atherosclerosis	1915	Chronic interstitial nephritis	1921	Cerebral hemorrhage	July 5, 1927	Other contributory causes of importance:		Tuberculosis	May 1, 1923	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Date of onset</th> </tr> </thead> <tbody> <tr> <td>Attack of epilepsy</td> <td style="text-align: center;">1 week ago</td> </tr> <tr> <td>*Run over by street car</td> <td style="text-align: center;">1 week ago</td> </tr> <tr> <td>Peritonitis</td> <td style="text-align: center;">3 days ago</td> </tr> <tr> <td>Other contributory causes of importance:</td> <td></td> </tr> <tr> <td>Gastroenteritis</td> <td style="text-align: center;">1 year</td> </tr> </tbody> </table>		Date of onset	Attack of epilepsy	1 week ago	*Run over by street car	1 week ago	Peritonitis	3 days ago	Other contributory causes of importance:		Gastroenteritis	1 year
	Date of onset																								
Atherosclerosis	1915																								
Chronic interstitial nephritis	1921																								
Cerebral hemorrhage	July 5, 1927																								
Other contributory causes of importance:																									
Tuberculosis	May 1, 1923																								
	Date of onset																								
Attack of epilepsy	1 week ago																								
*Run over by street car	1 week ago																								
Peritonitis	3 days ago																								
Other contributory causes of importance:																									
Gastroenteritis	1 year																								

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

---



---



---

**The following list of indefinite terms will not be accepted as cause of death unless explained:**

- |   |   |  |
|---|---|--|
| Abscess—Locate and describe.<br>Accident—Refer to Coroner.<br>Albuminuria—Disease causing?<br>Angina—Was it scarlet fever or diphtheria?<br>Ascites—Disease causing?<br>Asphyxia—Accidental, suicidal—cause?<br>Asthenia—State cause.<br>Atrophy—Cause of—tuberculosis, syphilis?<br>Auto {infection } Cause of?<br>{intoxication }<br>Bowel trouble—Name disease; diarrhoea, dysentery, enteritis, strangulation?<br>Blood poisoning—State cause.<br>Bottle feeding—What disease resulted?<br>Breaking down—What disease?<br>Cachexia—Cancer, syphilis, tuberculosis, malarial?<br>Cancer—Primary location.<br>Cardiac {Asthenia } Not accepted.<br>{Debility }<br>{Failure }<br>{Weakness }<br>Collapse—From what?<br>Cold—Not accepted.<br>Childbirth—Physiological—what caused death? | Cellulitis—Give location and cause.<br>Coma—Cause of? {alcoholic? }<br>{opium, etc.?<br>Convulsions—Cause {epileptic-puerperal? }<br>{children, diarrhoea- }<br>{enteritis? }<br>Cramps—State cause of.<br>Cyanosis—Cause of.<br>Decline—State cause of.<br>Debility—From what disease?<br>Delirium {alcoholic? }<br>{traumatic? }<br>Dentition—Disease causing death?<br>Dropsy—Name disease causing.<br>Dyspepsia—What organic disease?<br>Eclampsia—State cause of convulsions.<br>Emphysema—State cause.<br>Exhaustion—State cause of.<br>External Violence—Refer to Coroner.<br>Failure of vital powers—What disease?<br>Feebleness—What disease?<br>Gastritis—State cause of.<br>Heart failure—See cardiac.<br>Hemorrhage—What part, and cause?<br>Inanition—Cause of?<br>Jaundice—Disease causing?<br>Malnutrition—Cause of? | Marasmus—What disease?<br>Milk infection {trembles? }<br>{diarrhoea and enteritis }<br>Miscarriage—State cause of.<br>Nervous {exhaustion } State disease<br>{fever }<br>{shock }<br>Old age—What disease?<br>Operation—State part and disease.<br>Paresis—General paralysis of the insane, or not?<br>Peritonitis—Cause of?<br>Pernicious anemia {malarial? }<br>{tuberculosis? }<br>{syphilis, etc.?<br>Pneumonia {Broncho? } Primary or secondary<br>{Lobar? } to what?<br>Pyaemia—Cause of?<br>Salpingitis—Cause of?<br>Septicaemia—Cause of?<br>Shock—From what?<br>Surgical {operation } State disease<br>{shock }<br>Syncope—State cause of.<br>Tetanus—State cause of.<br>Toxemia—State cause of.<br>Uremia—Acute or chronic nephritis<br>Weakness—What disease? |
|---|---|--|

**All deaths from "violence, casualty, accident, or any undue means" must be referred to the coroner. A MEDICAL CERTIFICATE OF DEATH IN SUCH CASES DOES NOT COMPLY WITH THE REGISTRATION LAW OF ILLINOIS. See Section 10, Coroner's Act.**

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Francois County

Registration District No. ....

Township .....

Primary Registration District No. ....

City Bonne Terre

(No. ....)

St. ....

Ward) .....

File No. ....

Registered No. ....

**2. FULL NAME**

James A. Duemler

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX

M

4. COLOR OR RACE

W

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1926

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

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1926, to 1-10, 1926

I last saw him alive on 1-10, 1926. Death is said to have occurred on the date stated above, at 12:40 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 1893

The principal cause of death and related causes of importance were as follows:

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

32

0

21

Fracture skull  
Fracture ribs

Date of onset

Lacerations body

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

Mine Explosion

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Mo.

Name of operation ..... Date of .....

13. NAME Unknown

What test confirmed diagnosis? ..... Was there an autopsy? .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 1-9, 1926

15. MAIDEN NAME Unknown

Where did injury occur? See above (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Lucille Duemler

Manner of injury Explosion

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury " " " " " "

PLACE St. Clair

DATE 1-12, 1926

19. UNDERTAKER (ADDRESS) John Rowley & Son

24. Was disease or injury in any way related to occupation of deceased? Yes

Also, specify Amputation in mine

(Signed) J. E. Morrison, M. D.

(Address) Bonne Terre Mo.

20. FILED

19

Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

S-2222a