

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19964

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. Methodist Hospital)

File No. _____
Registered No. 756
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred Y yrs. X mos. 15 da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charlotte Jones

7. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 21, 1868

7. AGE YEARS MONTHS DAYS (if LESS than 1 day, hrs. or min.)
60 2 22

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Minister
(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) Kentucky

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Harriet Marshall

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

14. INFORMANT (Address) Ben Jones
Chillicothe Mo

15. FILED JUN 12 1928 19 _____ REGISTRAR Wm J. [unclear]

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13, 1928

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to June 13, 1928 that I last saw him alive on June 13, 1928, and that death occurred, on the date stated above, at S. J. C. A.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis
1170 (duration) yrs. mos. 10 da.
CONTRIBUTORY Fatal fatal (SECONDARY) (duration) yrs. mos. 21 da.

18. WHERE WAS DISEASE CONTRACTED IF, NOT AT PLACE OF DEATH, St. Joseph, Mo.

1 DID AN OPERATION PRECEDE DEATH, No DATE OF May 22, 1928

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) P. R. McMill, M. D.
6/14, 1928 (Address) 208 Kirkpatrick 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 Chillicothe Cemetery DATE OF BURIAL 6/15/1928

20. UNDERTAKER B. F. Mead ADDRESS Braymer Mo.

1868-3-2

60-2-22

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

each and every person, irrespec-
tively of occupation, should use a single word or
phrase which will be sufficient, e. g., *Farmer* or
Composer, *Architect*, *Locomotive
Engineer*, *Stationary Fireman*, etc.
Persons especially in industrial employ-
ment should know (a) the kind of work
done, and (b) the business or industry,
if a special line is provided for the
purpose. The word to be used should
only be used when needed. Examples:
Foreman, (b) *Cotton mill*, (a) *Sales-
man*, (b) *Automobile fac-
tory*, (b) *Automobile fac-
tory* may form part of the
statement. Never return "Laborer," "Fore-
man," "Dealer," etc., without more
information, as *Day laborer*, *Farm laborer*,
etc. Women at home, who are
not in the household only (not paid
for their services, or receive a definite salary), may be
classified as *Housework* or *At home*, and
those who are employed, as *At school* or *At
work*. Do not take to report specifically
persons engaged in domestic
service, as *Servant*, *Cook*, *Housemaid*, etc.
If the occupation has
been changed or given up on
the day CAUSING DEATH, state occu-
pation and illness. If retired from busi-
ness, state as indicated thus: *Farmer* (re-
asons who have no occupation

Cause of Death.—Name, first,
last, and middle, of the primary affection
causing death (the primary affection
and causation), using always the
same accepted term for the same disease. Examples:
Cerebrospinal fever, (the only definite synonym is

"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 undear-
able 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, 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.

University of Pennsylvania
Quincy
The Office of the Registrar
Mortality Statistics
1910