

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

Do not use this space.

40477

1. PLACE OF DEATH
County Howell Co Mo Registration District No. 1110
Township Siloam Sgs Primary Registration District No. 5541
City.....(No.....).....St.....Ward.....

2. FULL NAME Elzary Johnson
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 4 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 7
(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) Howell Co Mo

10. NAME OF FATHER Charley Johnson

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

12. MAIDEN NAME OF MOTHER Haret Collins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Mo

14. INFORMANT Stella Gilbert
(Address) Siloam Sgs Mo

15. FILED Jan 13 1930
G M Cearley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 11 1929 to Dec 15 1929
that I last saw him alive on Dec 14 1929, and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
History of coming on over
night
10 1/2 hrs (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Don't know
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? No DATE OF.....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys and findings
(Signed) St D Cox, M. D.

12-15 1929 (Address) Perrona 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 DATE OF BURIAL
Collins Cemetery Dec 16 1929

20. UNDERTAKER ADDRESS
Ross Peters Siloam Sgs Mo

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.

10. 2.

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, irrespec-

any occupations a single word or
efficient, e. g., *Farmer* or
Locomotion
nan,
jem-
d of
r in-
ided
then
mill,
omo-
form
sturn
etc.,
borer,
en at
ouse-
ive a
wife,
nfully

Care should
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 be-
ginning of illness. If retired from business, that
fact may be indicated thus: *Farmer (retired, 6*
 yrs.) For persons who have no occupation what-
ever, 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*; *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 neoplasm); *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),
20 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," "In-
anition," "Marasmus," "Old age," "Shock," "Ure-
mia," "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 de-
termine definitely. Examples: *Accidental drown-*
ing; struck by railway train—accident; Revolver wound
of head—homicide; Poisoned by carbolic acid—prob-
ably 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 undesir-
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.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.