

## 1 PLACE OF DEATH

County Miss.

## CERTIFICATE OF DEATH

Registered No. 106Pct. 13Registration District No. 1151

Inc. Town \_\_\_\_\_

Primary Registration District No. 5768

City \_\_\_\_\_

(No. \_\_\_\_\_)

St., \_\_\_\_\_ Ward)

If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jack Hirschaw

(a) Residence No. \_\_\_\_\_

(Usual place of abode)

St., \_\_\_\_\_

Ward \_\_\_\_\_ (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 ofLela Hirschaw6. DATE OF BIRTH (month, day, and year) June 29, 1891

7. AGE

Years

Months

Days

If LESS than

1 day \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.49514

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.

Cotton farmer

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

11. Total time (years) spent in this occupation

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

13. NAME

Andrew J. Hirschaw14. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) \_\_\_\_\_

15. MAIDEN NAME

Nancy Godwin16. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) \_\_\_\_\_17. INFORMANT J. Hirschaw  
(Address) same as above

18. BURIAL, CREMATION, OR REMOVAL

Place Brownsville DistDate 12/15, 193019. UNDERTAKER Barrett & Seabury  
(Address) same as above

20. FILED \_\_\_\_\_, 19 \_\_\_\_\_

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) \_\_\_\_\_, 19 \_\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from

Dec 9, 1930 to Dec 12, 1930I last saw him alive on Dec 12, 1930, death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Bronchial Pneumonia

Date of onset

12-7

Contributory causes of importance not related to principal cause:

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

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

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no If so, specify \_\_\_\_\_(Signed) J. C. Emerson

M. D.

(Address) Trubman Ky

N. S. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See Instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the occupation has been given up or changed on account of the disease causing death, report the occupation prior to illness. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned at school or at home. For a woman whose only occupation was that of home housework, write *housework* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *housekeeper—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 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 return 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, etc., as *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 engineer*, 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* and *wholesale merchants*. A person who sells goods should be called a *salesman* and 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 and any important complication of the principal cause. Under contributory causes of importance not related to principal cause, name other important diseases or injuries. Examples:

### EXAMPLE I

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

*Arteriosclerosis* ..... 1915  
*Chronic interstitial nephritis* ..... 1921  
*Cerebral hemorrhage* ..... July 5, 1927

Contributory causes of importance not related to principal cause:

*Fracture of arm* .....  
*Automobile accident* ..... May 3, 1927

### EXAMPLE II

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

*Attack of epilepsy* ..... 1 week ago  
*Run over by street car* ..... 1 week ago  
*Peritonitis* ..... 3 days ago

Contributory causes of importance not related to principal cause:

*Influenza* ..... 6 weeks ago

In a group of causes containing the principal cause and related causes, the causes should be given in the order of onset, so that in a group of three causes the principal cause may appear in either first, second, or third position. The principal cause in each of the above examples happens to be the second cause given.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1  
2  
3  
4  
5

**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 Miss Registration District No. 105-1 File No. 5  
 Township James Bay Primary Registration District No. 9-768 Registered No. 5  
 City (No. ....) St. .... Ward)

**2. FULL NAME**

Jack Hinshaw  
 (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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 29-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
49 5 13

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Cotton Farmer (duration) .... yrs. .... mos. .... ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Mo  
 (STATE OR COUNTRY)

10. NAME OF FATHER Andrew J. Hinshaw

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

12. MAIDEN NAME OF MOTHER Mrs. Godwin

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

14. INFORMANT L. L. Hinshaw  
 (Address) Dumas Mo

FILED 12/15/30 J. Duck REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/12 1930

17. I HEREBY CERTIFY That I attended deceased from Dec 9 1930 to Dec 12 1930  
 that I last saw him alive on Dec 12 1930 and that death occurred, on the date stated above, at .....

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Bronchial pneumonia

CONTRIBUTORY (SECONDARY) .....

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? none

(Signed) J. C. Harrison, M. D.

.19 (Address) Hickman Ky

\*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brownville Church DATE OF BURIAL 12/15/30

20. UNDERTAKER Barrett & Starks ADDRESS Hickman Ky

**SUPPLEMENTARY**

Every item of information should be carefully given. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-40147