

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

Do not use this space.

4002

File No. _____
Registered No. **1252** Ward

1. PLACE OF DEATH

County _____
Township _____
City _____ (No. _____)

Registration District No. _____
Primary Registration District No. **4234 w Sabadieu**

2. FULL NAME

Alie James Johnson

(a) Residence. No. **4234 w Sabadieu** St. **10** Ward.

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 **male** 4. COLOR OR RACE **col** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Rhoda w Johnson**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 4 - 1897**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 9 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Had career**
(b) General nature of industry, business, or establishment in which employed (or employer) **85**
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) **Montgomery**
(STATE OR COUNTRY) **Ala**

10. NAME OF FATHER **Don't know**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ala**
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER **not known**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Ala**
(STATE OR COUNTRY) _____

14. INFORMANT **Rhoda w Johnson**
(Address) **4234 w Sabadieu Ave**

15. FILED **101 32 1931** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan 27 1931**

17. I HEREBY CERTIFY That I attended deceased from **Jan 24** 19**31** to **Jan 27** 19**31** (that I last saw him/her alive on _____, 19**30**, and that death occurred, on the date stated above, at _____)

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar pneumonia

CONTRIBUTORY (SECONDARY) **108** (duration) yrs. mos. **3** 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? **Clinical**

(Signed) **J E Moore** M. D.

Jan 28, 1931 (Address) **801 27 Jiffa**

*State the DISEASE CAUSING DEATH, or in deaths from VALENT 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 **Washington Park** DATE OF BURIAL **27 1931**

20. UNDERTAKER **Watson and Son 27 69 Chouteau** ADDRESS **and**

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.

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

sent, e. g., *Farmer* or *Architect*, *Locomotive Fireman*, or in industrial employ (a) the kind of the business or industrial line is provided to be used only when *miner*, (b) *Colton mill foreman*, (b) *Auto-rick* on may form it. Never return *dr.*, "Dealer," etc., *man*, as *Day laborer*, *etc.* Women at duties of the householders who receive a *paid* as *Housewife*, *children*, not gainfully *employed*. Care should be taken of the occupations of *service* for wages, as *etc.* If the occupation is on account of the *former* occupation at *business*, that *Farmer (retired)*, *6* *no* occupation what-

—Name, first, the primary affection with which the disease. Examples: *infinite synonym is (gitis)*; *Diphtheria 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 neoplasm); *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.