

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty JasperTownship Galena

Village _____

City _____ (NO. _____)

Registration District No. 411Primary Registration District No. 2002
5569File No. 21500Registered No. 261

St. _____ Ward _____

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

FULL NAME Clarence O. Gibson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED single WIDOWED OR DIVORCED (Write the word)DATE OF BIRTH Dec. 19, 1910
(Month) (Day) (Year)AGE 5 yrs. 5 mos. 29 ds. If LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION (a) Trade, profession, or particular kind of work 0
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (City or town, State or foreign country) Jasper Co.PARENTS NAME OF FATHER J. W. GibsonBIRTHPLACE OF FATHER (City or town, State or foreign country) Jasper Co.MAIDEN NAME OF MOTHER Ira C. McClahanBIRTHPLACE OF MOTHER (City or town, State or foreign country) Polk Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Gibson(ADDRESS) Jeff CityFiled 6-19, 1911, a. m. Gregg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 18, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from June 1, 1911, to June 18, 1911, that I last saw him alive on June 18, 1911, and that death occurred, on the date stated above, at 10²⁵ P.M. The CAUSE OF DEATH* was as follows:
Acute Enteritis(Duration) 1 yrs. 1 mos. 1 ds.Contributory (SECONDARY) (Duration) 1 yrs. 1 mos. 1 ds.(Signed) A. C. Peters M. D. (Address) 614 Wood Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Cartersville Cemetery DATE OF BURIAL 6-19, 1911UNDERTAKER J. I. Steele and Co., Jeff City Mo. ADDRESS _____

Revised United States Standard Certificates 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 sex or many occupations a single word or term on a single line will be sufficient, e. g., *Farmer* or *Planter*, *Printer*, *Compositor*, *Architect*, *Locomotive engineer*, *Engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the business or industry, and therefore an additional statement should be provided for the latter statement; it should be given when needed. As examples: (a) *Millwright*; (a) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material should form part of the second statement. Examples: "Laborer," "Foreman," "Manager," "Printer," etc., without more precise specification, as *Printer*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *At home*. Care should be taken to specify specifically the occupations of persons engaged in service for wages, as *Servant*, *Cook*, *Housemaid*. If the occupation has been changed or given up, state on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, 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*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *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," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "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.)

