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.

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

PLACE OF DEATH

County Moniteau

Township _____ Registration District No. 571 File No. 32063

or Village _____ Primary Registration District No. 4335 Registered No. 37

or City California Mo (NO. _____ St. _____ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Jerrmah T Wells

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

~~SINGLE~~ MARRIED ~~WIDOWED~~ ~~OR DIVORCED~~ (~~Write the word~~): Married

DATE OF BIRTH: March (Month) 12 (Day), 1859 (Year)

AGE: 52 yrs. 5 mos. 25 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Train Dispatcher
(b) General nature of industry, business, or establishment in which employed (or employer): — 4-66

BIRTHPLACE (City or town, State or foreign country): Syracuse Mo

PARENTS
NAME OF FATHER: Barnet Wells
BIRTHPLACE OF FATHER (City or town, State or foreign country): Ky
MAIDEN NAME OF MOTHER: Mrs Tevis
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs J T Wells

(ADDRESS) Mogleton Kansas

Filed Sept 9, 1911. H. C. Klueber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: September (Month) 7 (Day), 1911 (Year)

I HEREBY CERTIFY, that I attended deceased from September 3, 1911, to September 7, 1911, that I last saw him alive on September 7, 1911, and that death occurred, on the date stated above, at 8 P.m.

The CAUSE OF DEATH* was as follows:

Alcoholism
75 (B)
1/6
5 (Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) ___ (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Lashley M. Gray M. D.

Sept 9, 1911 (Address) California 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: Mogleton Kansas

DATE OF BURIAL: Sept 10, 1911

UNDERTAKER: Edw C Nischwitz

ADDRESS: California Mo

Edw. C. Nischwitz
HOME FURNISHINGS
Edison & Victor Phonographs

Revis andard Certificate

[Ap American Public Health
n]

Statem ise statement of occupation i t the relative healthfulness of known. The question appli rson, irrespective of age. For le word or term on the first li *Farmer* or *Planter, Physician, ocomotive engineer, Civil engin* etc. But in many cases, espe yments, it is necessary to kn k and also (*b*) the nature of and therefore an additional l latter statement; it should be u As examples: (*a*) *Spinner, (b man, (b) Grocery; (a) Forema, (b) Automobile factory.* The material worked or e second statement. Never re man," "Manager," "Dealer," ise specification, as *Day labor er—Coal mine,* etc. Women at in the duties of the household *pers* who receive a definite sal *Housewife, Housework,* or *At* gainfully employed, as *At schoo* ld be taken to report specific ersons engaged in domestic se *nt, Cook, Housemaid,* etc. I changed or given up on accou DEATH, state occupation at etired from business, that ay be indicated thus: *Farmer (retired, 6* rsons who have no occupation whateve

Stat h.—Name, first, the DISEA mary affection with respect using always the same acc isease. Examples: *Cere-* nite synonym is "Epidemic *Diphtheria* (avoid use of (never report "Typhoid umonia; Bronchopneumonia* d, is indefinite); *Tuberculosis tonaeum,* etc., *Carcinoma, Sarcoma,* 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 *septichaemia,*" "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.)

HUGH STEPHENS, JEFFERSON CITY.