

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.

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

PLACE OF DEATH  
County Buchanan  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City St. Joseph (NO St. Joseph's Hospital St. \_\_\_\_\_ Ward)

Registration District No. 05 File No. 285  
Primary Registration District No. 1007 Registered No. 82

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

FULL NAME Samuel Stewart

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Widower</u> (Write the word)	DATE OF DEATH <u>Jan 29</u> 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>July 25</u> 18 <u>46</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>27<sup>th</sup> Jan</u> , 191 <u>2</u> , to <u>29<sup>th</sup></u> , 191 <u>2</u> , that I last saw him alive on <u>28<sup>th</sup> Jan</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>2:10</u> p.m.	
AGE <u>66</u> yrs. <u>6</u> mos. <u>4</u> ds. If LESS than 1 day, _____ hrs. or _____ min.?			The CAUSE OF DEATH* was as follows: <u>Shock from an operation for removing the prostate gland 137</u> <u>7/16</u> (Duration) <u>7</u> yrs. _____ mos. _____ ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>House Carpenter</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Employer</u>			Contributory <u>General debility</u> (SECONDARY) (Duration) <u>2</u> yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Kentucky</u>			(Signed) <u>T. E. Potter</u> M. D. <u>127<sup>th</sup> Jan</u> 191 <u>2</u> (Address) <u>St Joseph Mo.</u>	
PARENTS	NAME OF FATHER <u>Henry Stewart</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Scotland</u>			
	MAIDEN NAME OF MOTHER <u>Miss Hall</u>			
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kentucky</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death <u>X</u> yrs. <u>X</u> mos. <u>5</u> ds. In the <u>about</u> State <u>30</u> yrs. <u>X</u> mos. <u>X</u> ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. C. Stewart</u> (ADDRESS) <u>Cameron Mo.</u> Where was disease contracted if not at place of death? <u>Cameron Mo.</u> Former or usual residence <u>Cameron Mo.</u>				
PLACE OF BURIAL OR REMOVAL <u>Cameron Mo</u>			DATE OF BURIAL <u>Jan 29</u> 191 <u>2</u>	
UNDERTAKER <u>H. Osidenfader</u>			ADDRESS <u>211-15 N-10</u>	
Filed <u>Jan 29</u> 191 <u>2</u> <u>W. B. Kelling</u> REGISTRAR				

# 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 term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil 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 nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to 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 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, peritoneum*, 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.)

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.

PLACE OF DEATH

County Buchanan

Township \_\_\_\_\_

Village \_\_\_\_\_

City St Joseph

FULL NAME Daniel Stewart

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 85

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. 285

Primary Registration District No. 1001

Registered No. 82

(NO. St Joseph Hospital)

Ward \_\_\_\_\_

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED widower  
(Write the word)

DATE OF BIRTH July 25, 1886  
(Month) (Day) (Year)

AGE 66 yrs. 6 mos. 4 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, particular kind of work House Carpenter  
(b) General nature of industry, business, or establishment in which employed (or employer) Employer

BIRTHPLACE (City or town, State or foreign country) Kentucky

PARENTS  
NAME OF FATHER Henry Stewart  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Scotland  
MAIDEN NAME OF MOTHER Maria Hall  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. H. Stewart

(ADDRESS) Cameron Mo

Filed March 13, 1912 WBS Keeling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 27 Jan, 1912, to Jan 29, 1912, that I last saw him live on Jan 28, 1912, and that death occurred, on the date stated above, at 2106 M.

The CAUSE OF DEATH\* was as follows:  
Prostate tumor for hypertrophy of the prostate gland.  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory Shock  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) J. E. Potter M. D.  
March 13, 1912 (Address) St Joseph 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) about  
At place of death \_\_\_ yrs. \_\_\_ mos. 5 ds. In the State 30 yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death? Cameron Mo  
Former or usual residence u 4

PLACE OF BURIAL OR REMOVAL Cameron Mo DATE OF BURIAL Jan 29, 1912

UNDERTAKER J. O. Sidenfader ADDRESS 211-15110

JAN 13 1912

All information called for must be written on this Supplementary Certificate.

# 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 term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil 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 nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to 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 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.)