

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County <u>Henry</u>			Registration District No. <u>350</u>		File No. <u>983</u>
Township _____ or _____			Primary Registration District No. <u>2018</u>		Registered No. <u>7</u>
Village _____ of _____			City <u>Clinton</u> (NO. <u>Clinton Hotel</u> Ward)		(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME <u>J. B. Brothers Frank</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>Jan - 12, 1912</u> (Month) (Day) (Year)		
DATE OF BIRTH _____, 19____, _____, 19____ (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,		
AGE ____ yrs. ____ mos. ____ da.		IF LESS than 1 day, ____ hrs. or ____ min.?	that I last saw him alive on _____, 191____,		
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows: <u>Heart disease - I saw him just after he died</u>		
BIRTHPLACE (City or town, State or foreign country)			900 (Duration) ____ yrs. ____ mos. ____ ds.		
PARENTS	NAME OF FATHER		Contributory <u>Heart Disease</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country)		900 (Duration) <u>Frank Keenan</u>		
	MAIDEN NAME OF MOTHER		(Signed) <u>J. B. Brothers</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)		Jan 14, 1912 (Address) <u>Clinton, Mo.</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <u>J. M. Shuttles</u>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
(ADDRESS) <u>Clinton Mo</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
Filed <u>Jan 13, 1912</u>			At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.		
REGISTRAR <u>J. M. Shuttles</u>			Where was disease contracted if not at place of death? _____		
			Former or usual residence _____		
			PLACE OF BURIAL OR REMOVAL <u>macon Mo</u>		DATE OF BURIAL <u>Jan 13, 1912</u>
			UNDERTAKER <u>J. P. Kitchy</u>		ADDRESS <u>Clinton Mo</u>

# 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*, *Composer*, *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.)



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PLACE OF DEATH

County Henry

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Clinton (NO. \_\_\_\_\_)

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

Registration District No. 350 File No. 983

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Primary Registration District No. 3018 Registered No. 7

City Cozart Hotel St. 1 Ward \_\_\_\_\_

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

FULL NAME J. B. Brooksbank

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>Jan 11</u> , 191 <u>1</u> (Month) (Day) (Year)	
DATE OF BIRTH _____ (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,	
AGE ____ yrs. ____ mos. ____ ds. or ____ hrs. ____ min.? IF LESS than 1 day, ____ hrs. ____ min.?			that I last saw _____ live on _____, 191____,	
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)			and that death occurred, on the date stated above, at _____ m.	
BIRTHPLACE (City or town, State or foreign country)			The CAUSE OF DEATH* was as follows: <u>It is impossible to give cause of death when no doctor saw him till after death</u>	
PARENTS	NAME OF FATHER	<p style="font-size: 2em; opacity: 0.5; transform: rotate(-45deg);">             Sudden death. Presently in a hotel here. No one present at death. No one saw him until he died. No one saw him until he died. No one saw him until he died.         </p>	<u>Last moment desired by friends</u> Contributed probably Embolism (Lungs). (Duration) ____ yrs. ____ mos. ____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country)		(Signed) <u>J. M. Shantland</u> M. D. Mch 8 191 <u>1</u> (Address) <u>Clinton Mo</u>	
	MAIDEN NAME OF MOTHER		*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 MOTHER (City or town, State or foreign country)		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. M. Shantland</u> (ADDRESS) <u>Clinton Mo</u>			Where was disease contracted If not at place of death? _____ Former or usual residence _____	
Filed <u>Mch 8</u> , 191 <u>1</u> <u>J. M. Shantland</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Macou Mo</u>	DATE OF BURIAL <u>Jan 13</u> , 191 <u>2</u>
			UNDERTAKER <u>F. P. Kitchers</u>	ADDRESS <u>Clinton Mo</u>

JAN 7

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

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