

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

PLACE OF DEATH
County Miss Co.
Township St James
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 5767 File No. 2014
Primary Registration District No. 5763 Registered No. H

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

FULL NAME Alex Jook

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE us white SINGLE MARRIED WIDOWED DIVORCED
(Write the word)
DATE OF BIRTH oct 16, 1849
(Month) (Day) (Year)
AGE 63 yrs. _____ mos. _____ ds. IF LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Ky 1-12

PARENTS
NAME OF FATHER Jacob Jook
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.
MAIDEN NAME OF MOTHER _____
BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Neutral
(ADDRESS) E. Prairie

Filed Jan 27, 1912 J. Dennis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1 26, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 1-16, 1912, to 1-26, 1912, that I last saw him alive on 26, 1912, and that death occurred, on the date stated above, at 10 a.m.

The CAUSE OF DEATH* was as follows:
Pneumonia
10%
92 (Duration) yrs. _____ mos. 10 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) A. J. Martin M. D.
1-26, 1912 (Address) E. Prairie

*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 our own DATE OF BURIAL Jan 18, 1912
UNDERTAKER Fred Shelby ADDRESS East Prairie

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, 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.)

HUGH STEPHENS, JEFFERSON CITY.



PLACE OF DEATH

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

County Mississippi
Township St James
or
Village
or
City

Registration District No. 567
Primary Registration District No. 5763

File No. 2014
Registered No. 4

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

FULL NAME Alex Zook

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED married WIDOWED OR DIVORCED

DATE OF DEATH Jan 27, 1912
(Month) (Day) (Year)

DATE OF BIRTH Oct 16, 1849
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 16, 1912, to 1-26, 1912, that I last saw him alive on 26, 1912, and that death occurred, on the date stated above, at a m.

AGE 62 yrs. 5 mos. 11 ds. IF LESS than 1 day, hrs. or mins.

The CAUSE OF DEATH* was as follows:

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

obv. Pneumonia

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

(Duration) yrs. mos. ds.

PARENTS NAME OF FATHER Jacob Zook BIRTHPLACE OF FATHER Ky MAIDEN NAME OF MOTHER Saint Martin BIRTHPLACE OF MOTHER Don't know

Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) J. B. Martin M. D. Jan 27 1912 Address East Prairie

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Tuttle (ADDRESS) East Prairie

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

Filed Jan 27, 1912, J. B. Davis REGISTRAR

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 Oak Grove DATE OF BURIAL Jan 18, 1912

UNDERTAKER Ted Shelby ADDRESS East Prairie

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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