

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 _____

Township _____

Village _____

City St. Louis Mo. (NO. Deanna Street)

Registration District No. 791

Primary Registration District No. 1008

File No. 2923

Registered No. 239

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

FULL NAME Henry Dana Squire

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 28 1848
(Month) (Day) (Year)

AGE 64 yrs. 6 mos. 7 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Druggist Cosmetologist
(b) General nature of industry, business, or establishment in which employed (or employer) 11-25

BIRTHPLACE (City or town, State or foreign country) Woodstock Vermont

NAME OF FATHER E. P. Squire

BIRTHPLACE OF FATHER (City or town, State or foreign country) Knott known

MAIDEN NAME OF MOTHER Francis Dana

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Vermont

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Squire

(ADDRESS) Prinners Theatre - Des Moines

Filed JAN -8 1912 Max Starkloff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 28 1911 to Jan 5 1912, that I last saw him alive on Jan 5 1912, and that death occurred, on the date stated above, at 4 1/2 m.

CAUSE OF DEATH* was as follows:
Wall up ill's. Suicide
75 B
70 1/2
5 1/2
162
(Duration) ___ yrs. ___ mos. 12 ds.

Contributory old age

(Signed) [Signature] M. D.
January 8th 1912 (Address) 3609 Kuddell St.

*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. 11 ds. In the State ___ yrs. ___ mos. ___ ds.

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

Former or usual residence no athletic club

PLACE OF BURIAL OR REMOVAL Crematory DATE OF BURIAL January 8th 1912

UNDERTAKER Mathias G. N. Co ADDRESS 1024 E. Union

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 of terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "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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County _____
Township _____
or _____
Village _____
or _____
City St. Louis Mo. (No. Dracouer Hoop st. _____ Ward)

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

791 File No. 2923
1003 Registered No. 239

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

FULL NAME Henry Dana Squires

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OF RACE white SINGLE MARRIED widowed
WIDOWED OR DIVORCED (If write the word)

DATE OF BIRTH June 28, 1847
(Month) (Day) (Year)

AGE 64 yrs. 6 mos. 7 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE (City or town, State or foreign county) Woodstock Vermont

PARENTS

NAME OF FATHER	<u>C. P. Squires</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country)	<u>Woodstock Vermont</u>
MAIDEN NAME OF MOTHER	<u>Frances Dana</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<u>Vermont</u>

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 5, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Dec 20, 1911 to Jan 5, 1912
that I last saw him alive on Jan 5, 1912
and that death occurred, on the date stated above, at 4 P. m.
The CAUSE OF DEATH* was as follows:
Thrombosis
Non Epidemic
Alcoholism

Contributory (SECONDARY) Alcoholism
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) F. Kier M. D.
1912 (Address) 3609 Ludlow

*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 No. Athletic Club

PLACE OF BURIAL OR REMOVAL The Crematory DATE OF BURIAL Jan 8, 1912

UNDERTAKER Watkins L & Co. ADDRESS 1024 Piedmont Ave

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles Squires
(ADDRESS) Princes Theatre Des Moines

FILED Jan 22, 1912 A. G. Snodgrass
Dep. REGISTRAR

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

JAN

Revised United States Standard Certificate of Death

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

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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.)