

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

PLACE OF DEATH
County Lincoln
Township Wmson
or
Village
or
City (NO. _____) St. _____ Ward _____

Registration District No. 490 File No. 5828
Primary Registration District No. 5683 Registered No. 9

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

FULL NAME Charles Green

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>mailed</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>April 15</u> , <u>1846</u> (Month) (Day) (Year)		
AGE <u>65</u> yrs. <u>9</u> mos. <u>17</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer & Carpenter</u> 95		
(b) General nature of Industry, business, or establishment in which employed (or employer) <u>Farming</u> 82		
BIRTHPLACE (City or town, State or foreign country) <u>Lincoln Missouri</u>		
PARENTS	NAME OF FATHER <u>Luzius Green</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>St. Charles Mo</u> 7mo	
	MAIDEN NAME OF MOTHER <u>Mary Elizabeth Downing</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Lincoln Mo</u> 2mo	

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Feb 20th, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 20th, 1912, to visited, 1912, and that I last saw him alive on Feb 20, 1912, and that death occurred, on the date stated above, at 2 P.m.

The CAUSE OF DEATH* was as follows:
Probably Apoplexy & Cancer
Not Known (Heart death)
had organic heart for 12 years.
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory
(Secondary) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) J. B. Kuss M. D.
Feb. 20, 1912 (Address) Delhi side 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. A. Knox
(ADDRESS) Whitely side Mo
Filed Feb 30, 1912 A. H. Dawson
REGISTRAR

PLACE OF BURIAL OR REMOVAL
Auburn Cemetery
DATE OF BURIAL
Feb 21, 1912
UNDERTAKER
J. B. Brown
ADDRESS
Delhi Mo

MARGIN RESERVED FOR BINDING

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.

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.



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

PLACE OF DEATH
 County Lincoln
 Township Union
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 490 File No. _____
 Primary Registration District No. 5-653 Registered No. 9

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

FULL NAME Charles Green

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M

DATE OF BIRTH Apr. 15, 1846
 (Month) (Day) (Year)

AGE 65 yrs. 9 mos. 17 ds. If LESS than 1 day, _____ hrs. _____ or _____ min.

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

BIRTHPLACE (City or town, State or foreign country) Lincoln Co. Mo.

NAME OF FATHER Squire Green

BIRTHPLACE OF FATHER (City or town, State or foreign country) Charles Co Mo.

MAIDEN NAME OF MOTHER Mrs. Elizabeth Green

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lincoln Co Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. A. Knox, M.D.
 (ADDRESS) Whiteside Mo.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 20, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased ~~from~~ Feb 20, 1912, to visited, 1912, that I last saw him alive on dead Feb 20, 1912.

that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:
Cause of death unknown, dead when I arrived. nature of heart disease not known, no knowledge of cause.
 (Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) J. A. Knox M. D. Feb 20, 1912 (Address) Whiteside 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 Autburn Cemetery DATE OF BURIAL Feb 21, 1912

UNDERTAKER J. B. Brown ADDRESS Sibley, Mo.

Filed Feb 30, 1912, O. K. Johnson REGISTRAR

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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, e. g., 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.)

5828