

PLACE OF DEATH

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

County Monroe Registration District No. 579 File No. 6059
 Township Marion or Village _____ Primary Registration District No. 5776B Registered No. 4
 City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME Not named

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|---|
| SEX <u>Male</u> | COLOR OR RACE <u>White</u> | SINGLE <u>Single</u> MARRIED WIDOWED OR DIVORCED (Write the word) |
| DATE OF BIRTH <u>Feb. 10th</u> 19 <u>12</u> (Month) (Day) (Year) | | |
| AGE ____ yrs. ____ mos. ____ ds. | | If LESS than 1 day, 2 hrs. or 15 min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____ | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Monroe Co. Mo.</u> | | |
| PARENTS | NAME OF FATHER <u>A. W. Quinn</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Iowa</u> | |
| | MAIDEN NAME OF MOTHER <u>Capitolia Donaldson</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Monroe Co. Mo.</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 11th 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 10th, 1912, to Feb. 11th, 1912, that I last saw him alive on Feb. 11th, 1912, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Heart Failure

2008 (Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) W. E. Gussler M. D.
Feb. 11th 1912 (Address) Madison 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 <u>Madison Cemetery</u> | DATE OF BURIAL <u>Feb 12th</u> 191 <u>2</u> |
| UNDERTAKER <u>C. H. Atterbury</u> | ADDRESS <u>Madison Mo</u> |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) D. H. Quinn
 (ADDRESS) St. Louis Mo
 Filed Feb. 11th 1912 W. E. Gussler REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City _____

(NO. _____)

Registration District No. _____

Primary Registration District No. _____

File No. _____

Registered No. _____

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

St.: _____

Ward _____

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-----|---------------|---|
| SEX | COLOR OR RAGE | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) |
| | DATE OF BIRTH | |

_____ (Month) _____ (Day) _____ (Year)

AGE _____ yrs. _____ mos. _____ ds.
IF LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE
(City or town, State or foreign country)

NAME OF FATHER

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

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)

(ADDRESS) _____

Filed _____, 191____, REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____, 191____ (Month) _____ (Day) _____ (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____ that I last saw h_____ alive on _____, 191____ and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

Contributory (SECONDARY)
(Signed) _____ (Address) _____, 191____ M. L. _____
(Duration) _____ yrs. _____ mos. _____ (Duration) _____ yrs. _____ mos. _____

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

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

UNDERTAKER _____ ADDRESS _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Next nearest person should be named EXACTLY. Next SIGNATURE should state

PLACE OF DEATH

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

County Monroe
 Townshp Marion
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward):

Registration District No: 579 File No. 6059
 Primary Registration District No. 5776B Registered No. 4

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

FULL NAME: Not named

PERSONAL AND STATISTICAL PARTICULARS.

SEX: m COLOR OR RACE: w SINGLE MARRIED: S WIDOWED: OR DIVORCED: (Write the word).

DATE OF BIRTH: Feb 10, 1912
 (Month) (Day) (Year)

AGE: _____ yrs. _____ mos. _____ ds. If LESS than 1 day, 2 hrs. or 1/2 min.

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

BIRTHPLACE (City or town, State or foreign country) Monroe Mo

PARENTS NAME OF FATHER: F. W. Quinn BIRTHPLACE OF FATHER: Iowa MAIDEN NAME OF MOTHER: Catholice Dondoldson BIRTHPLACE OF MOTHER: Monroe Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE! (Informant) F. W. Quinn

(ADDRESS) St Louis Mo

FILED Feb 11 1912 M. H. Kusley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 11, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 10, 1912, to Feb 11, 1912, that I last saw him alive on Feb 11, 1912, and that death occurred, on the date stated above, at 1 A. M.

The CAUSE OF DEATH* was as follows:
Heart failure
(I don't know any other cause.)
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) M. H. Kusley M. D. (Address) Madison 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 Madison Cem DATE OF BURIAL _____ 1912

UNDERTAKER C. H. Atterberry ADDRESS Madison Mo

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*, *Sarcoma*, 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.)