

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

County Buchanan

Township _____

or

Village _____

or

City St. Joseph,(NO. Ensworth HospitalMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 85File No. 8233Primary Registration District No. 1001Registered No. 187

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

FULL NAME Henry J. Aldrich.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If file the word) <u>Widowed</u>	DATE OF DEATH <u>3-1-12</u> <u>February 8th</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>October</u> <u>Unk.</u> <u>1844</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Feb 19th</u> , 191 <u>2</u> , to <u>Feb 29th</u> , 191 <u>2</u> that I last saw him alive on <u>Feb 29th</u> , 191 <u>2</u> and that death occurred, on the date stated above, at <u>5 p.</u> m.	
AGE <u>67</u> yrs. <u>4</u> mos. <u>0</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Uremia</u> <u>127 B</u> <u>131</u> <u>11 B</u> (Duration) ___ yrs. ___ mos. <u>3</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Agricultural</u>			Contributory <u>La Grippe, and Cholera</u> (SECONDARY) (Duration) ___ yrs. ___ mos. <u>20</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Marlow Co. Ohio,</u>			(Signed) <u>Osman R. Campbell</u> M. D. <u>March 2^d</u> 191 <u>2</u> (Address) <u>8th St. Phila. Pa.</u>	
PARENTS	NAME OF FATHER <u>Unknown</u>	*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 FATHER (City or town, State or foreign country) <u>Unknown</u>	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. <u>10</u> ds. In the State ___ yrs. ___ mos. ___ ds.		
	MAIDEN NAME OF MOTHER <u>Unknown</u>	Where was disease contracted, if not at place of death? <u>3 miles N.E. of city,</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Unknown</u>	Former or usual residence <u>3 miles N.E. of city.</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. M. Simmons</u> (ADDRESS) <u>R. F. D. # 7, St. Joseph, Mo.</u>			PLACE OF BURIAL OR REMOVAL <u>Fairview, Cemetery</u>	
FILED <u>Mar 2</u> 191 <u>2</u> <u>J. B. Kelling</u> REGISTRAR			DATE OF BURIAL <u>Mar 2 '12</u> 191 <u>2</u>	
			HEATON & GOLE UND. CO. <u>By J. W. Harls</u>	
			ADDRESS <u>224 E. 8th.</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*, *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, 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.)

PLACE OF DEATH

County Buchanan

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

Township _____

Registration District No. 95

File No. _____

Village _____

Primary Registration District No. 1001

Registered No. 187

City St Joseph

(NO. Ensworth Hospital St. _____ Ward _____)

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

FULL NAME

Henry J. Aldrich

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH October 14, 1844
(Month) (Day) (Year)

AGE 67 yrs. 4 mos. 0 ds. If LESS than 1 day, ___ hrs. or ___ mins.

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

BIRTHPLACE (City or town, State or foreign country) Marion, Ohio

NAME OF FATHER Unknown

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) J. M. Simmons

(ADDRESS) R. F. D. #7, St Joseph, Mo.

Filed Apr. 15 1912 J. B. Killiany REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 28, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 19, 1912, to Feb. 29, 1912,

that I last saw him alive on _____, 1912, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Patient was operated upon gall bladder drained for the relief of cholecy stis. Was doing well, but developed pneumonia at end of 12 days. Chronic nephritis caused death.
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory La Grippe & Cholecy stis
(SECONDARY) (Duration) _____ yrs. _____ mos. 20 ds.

(Signed) Osmon B. Campbell M. D.
Apr 15, 1912 (Address) St Joseph

*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. 16 ds. In the State 2 yrs. _____ mos. _____ ds.

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

Former or usual residence 6 miles N.E. of city

PLACE OF BURIAL OR REMOVAL Fairview Cem. DATE OF BURIAL Mar. 2 - 1912

UNDERTAKER by J. W. Mohr ADDRESS 274 S. 8
Heaton Colo. Ind. Co.

SUPPLEMENTARY

UNFADING INK - THIS

N. B. If more information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state SEX OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, 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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