

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.

PLACE OF DEATH

County Vernon
 Township _____
 or _____
 Village _____
 or _____
 City Merada (NO. _____)

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

Registration District No. 975 File No. 12177
 Primary Registration District No. 3039 Registered No. 50
 St. _____ Ward _____

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

FULL NAME Patrick James Byrnes

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Aug 7, 1874
 (Month) (Day) (Year)

AGE 37 yrs. 7 mos. 21 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION:
 (a) Trade, profession, or particular kind of work A.R. Brakeman
 (b) General nature of industry, business, or establishment in which employed (or employer) W.R.

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

PARENTS
 NAME OF FATHER Daniel Byrnes
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland
 MAIDEN NAME OF MOTHER Vera Kendrick
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W.R. Randal
 (ADDRESS) Merada

Filed Mar 4 1912 W. Wilson
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 3, 1912
Patrick J. Byrnes
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 19, 1911, to Mar 3, 1912, that I last saw him alive on Feb 27, 1912, and that death occurred, on the date stated above, at 10 P.M. The CAUSE OF DEATH* was as follows:

Tuberculosis
23A
38
10 (Duration) ___ yrs. ___ mos. ___ ds.

Contributory Malaria Bronchitis
 (SECONDARY) (Duration) ___ yrs. 708 mos. ___ ds.

(Signed) T. J. Hunsick M. D.
Mar 4 1912 (Address) Merada 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 12 yrs. ___ mos. ___ ds. In the State 37 yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? Merada Mo
 Former or usual residence Prine City Mo

PLACE OF BURIAL OR REMOVAL Merada Mo DATE OF BURIAL Mar 6, 1912

UNDERTAKER W. J. Hunsick ADDRESS Merada 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*, *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 surgi 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.)



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

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

County Jerome

Township _____

or Village _____

or City Nevada

(NO. _____)

St.: _____

Ward) _____

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

FULL NAME

Patrick James Byrnes

875-

File No. 12177

Registration District No. 3039

Registered No. 50

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

m

w

S

DATE OF DEATH

Mar 3

(Month)

(Day)

(Year)

DATE OF BIRTH

Aug 7

1874

(Month)

(Day)

(Year)

AGE

37 yrs. 7 mos. 21 ds.

If LESS than 1 day, hr. or min.

I HEREBY CERTIFY, that I attended deceased from

Aug 19; 1912, to Mar 3, 1912,

that I last saw him alive on Feb 27, 1912,

and that death occurred, on the date stated above, at 10 P m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

Relapsing Tuberculosis

OCCUPATION

(a) Trade, profession, or particular kind of work

R. R. Breaker

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Purcell City Mo

NAME OF FATHER

Samuel Byrnes

BIRTHPLACE OF FATHER

Ireland

MAIDEN NAME OF MOTHER

W. J. Hendigan

BIRTHPLACE OF MOTHER

Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mr. Randal

(ADDRESS)

Nevada

Contributory Malacia & Bronchitis

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

(Signed) J. Bell Craig M. D.

5/7 1912 (Address) Nevada 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 12 yrs. _____ mos. _____ ds. In the State 37 yrs. 7 mos. _____ ds.

Where was disease contracted if not at place of death? Nevada Mo

Former or usual residence Purcell City Mo

PLACE OF BURIAL OR REMOVAL

Wm. M. Co

DATE OF BURIAL

Mar 6 1912

UNDERTAKER

W. J. Mansuet

ADDRESS

Nevada Mo

Filed

X S. A. Wilson

REGISTRAR

Original file, date MAR 4 1912

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

Revised United States Standard Certificate of Death

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

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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.)