

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 Crawford
Township Osage
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

1113
232

Registration District No. _____ File No. 12968
Primary Registration District No. 5317 Registered No. 12

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

FULL NAME Percy E. Garrison

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 8, 1890
(Month) (Day) (Year)

AGE 21 yrs. 10 mos. 19 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work not any
(b) General nature of industry, business, or establishment in which employed (or employer) Q - Q

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

PARENTS
NAME OF FATHER John B. Garrison
BIRTHPLACE OF FATHER Cherryville Mo
MAIDEN NAME OF MOTHER Rebecca M. Brown
BIRTHPLACE OF MOTHER Huzzah Mo
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Chandler
(ADDRESS) Davisville Mo

Filed April 28 1912 W. D. Penman Sub-REGISTRAR
W. D. Penman Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 27, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 19, 1912, to April 27, 1912, that I last saw him alive on April 27, 1912, and that death occurred, on the date stated above, at 11 P. m. The CAUSE OF DEATH* was as follows:

Pneumonia
107A
118C

Contributory Chronic Stomach Trouble
(Secondary) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) W. D. Penman M. D.
April 28, 1912 (Address) Huzzah 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 Berryman Mo.
If not at place of death?
Former or usual residence Berryman Mo.

PLACE OF BURIAL OR REMOVAL Center post Cemetery **DATE OF BURIAL** April 28, 1912
UNDERTAKER Walter Cayringer **ADDRESS** Huzzah Mo

Re-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.)

HUGH STEPHENS, JEFFERSON CITY.



PLACE OF DEATH

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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Crawford
Township Osage
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 1113
Primary Registration District No. 5317

File No. 12968
Registered No. 12

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

FULL NAME Percy E. Garrison

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Apr 27, 1912
(Month) (Day) (Year)

DATE OF BIRTH June 8, 1890
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 27, 1912, to Apr 27, 1912, that I last saw him alive on Apr 27, 1912, and that death occurred, on the date stated above, at 11 P. m.

AGE 21 yrs. 10 mos. 19 ds.
If LESS than 1 day, _____ hr. or _____ min.

The CAUSE OF DEATH* was as follows:
pneumonia + bronche

OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____

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

(Duration) _____ yrs. _____ mos. 8 ds.

NAME OF FATHER John B. Garrison

Contributory Chr. stomach trouble
(SECONDARY)

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

(Signed) L. D. Kersmann M. D.
April 21, 1912 (Address) Huggah, Mo.

MAIDEN NAME OF MOTHER Rebecca Brown

*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 MOTHER (City or town, State or foreign country) Huggah, Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

(Informant) George Chandler

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

(ADDRESS) Davisville, Mo.

Former or usual residence. _____

Filed April 28 1912 W. Gregory REGISTRAR

PLACE OF BURIAL OR REMOVAL Center Post Cemetery DATE OF BURIAL Apr 28, 1912

UNDERTAKER Walter Caplinger ADDRESS Huggah, Mo.

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.)