

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.

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

PLACE OF DEATH Lincoln ✓
 County Lincoln
 Township Gray or Village Gray or City _____ (NO. _____) St.: _____ Ward _____
 Registration District No. 491 File No. 29986
 Primary Registration District No. 4298 Registered No. 50
 FULL NAME James A Brown (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OF FACE <u>white</u>	SINGLE MARRIED OR WIDOWED OR DIVORCED <u>married</u> (Write the word)	DATE OF DEATH <u>aug 31</u> 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Sept 11</u> 18 <u>41</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>aug 7</u> , 191 <u>2</u> to <u>aug 31</u> , 191 <u>2</u> , that I last saw h <u>31</u> alive on <u>aug 31</u> , 191 <u>2</u> and that death occurred, on the date stated above, at <u>w</u> m.	
AGE <u>70</u> yrs. <u>11</u> mos. <u>20</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Septicemia</u> <u>137</u> <u>135B</u> <u>aug 7</u> (Duration) <u>aug 30</u> mos. ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>County Treasurer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>official</u>			Contributory (SECONDARY) <u>None</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Lincoln MO</u>			(Signed) <u>C. Anderson</u> M.D. 191 <u>2</u> (Address) <u>morenomills mo</u>	
PARENTS	NAME OF FATHER <u>Am Brown</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>South Carolina</u>		LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
	MAIDEN NAME OF MOTHER <u>Margaret Brown</u>		Where was disease contracted if not at place of death? Former or usual residence _____	
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kentucky</u>			PLACE OF BURIAL OR REMOVAL <u>Sanct. Bur.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John Brown</u> (ADDRESS) <u>morenomills mo</u>			DATE OF BURIAL <u>Sept 2</u> 191 <u>2</u>	
Filed <u>Sept 30</u> 191 <u>2</u> <u>S. P. McKay</u> REGISTRAR			UNDERTAKER <u>None</u> ADDRESS _____	

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 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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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

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

Registration District No. 491 File No. 29986
Primary Registration District No. 4298 Registered No. 50

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

FULL NAME James A. Brown

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married
WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Sept. 11, 1841
(Month) (Day) (Year)

AGE 70 yrs. 11 mos. 20 ds. If LESS than 1 day, ___ hrs. or ___ min.

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

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

NAME OF FATHER A. M. Brown

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

MAIDEN NAME OF MOTHER Margaret South Knoll

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas F Anderson

(ADDRESS) Moscow Mills Mo.

Filed Nov 10 1912 S R Mc Kay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 31, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 7, 1912, to Aug. 31, 1912, that I last saw him alive on Aug. 31, 1912, and that death occurred, on the date stated above, at a m.

The CAUSE OF DEATH was as follows:
Septicemia
Prostatic Disease X
Infection Bladder X
(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) C F Anderson M. D. X
8/31, 1912 (Address) Moscow Mills

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 Sand Pine DATE OF BURIAL Sept. 2, 1912

UNDERTAKER Kemper Bros X ADDRESS Proy Mo X

Original file, date SEP 22 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.)