

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
PLACE OF DEATH <u>Barker</u> County <u>Jasper</u> Township <u>Jackson</u> or <u>County</u> Village <u>Carthage</u> or <u>Carthage, Mo.</u> City <u>Carthage, Mo.</u> (NO. _____ St.; _____ Ward)			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH Registration District No. <u>408</u> File No. <u>33170</u> Primary Registration District No. <u>5363</u> Registered No. <u>159</u>	
FULL NAME <u>William Foy</u>			[If death occurred in a hospital or institution, give its NAME instead of street and number]	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)	DATE OF DEATH	
<u>Male</u>	<u>White</u>	<u>Single</u>	<u>October 28th</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from	
<u>Unknown</u> , i _____, _____, 191 <u>2</u> (Month) (Day) (Year)			<u>Oct 28</u> , 191 <u>2</u> , to <u>Oct 28</u> , 191 <u>2</u> ,	
AGE			that I last saw him alive on <u>Oct 28</u> , 191 <u>2</u> ,	
<u>45</u> yrs. _____ mos. _____ ds.			and that death occurred, on the date stated above, at <u>10</u> a.m.	
OCCUPATION			The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work <u>None</u>			<u>Heart disease of Bowdler</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>0-0</u>			<u>1208</u> <u>123B</u>	
BIRTHPLACE			Contributory	
(City or town, State or foreign country) <u>Jasper, Mo</u>			(SECONDARY)	
PARENTS	NAME OF FATHER		(Duration) _____ yrs. _____ mos. _____ ds.	
	<u>Unknown</u>		M. D.	
	BIRTHPLACE OF FATHER		(Signed) <u>W. E. Baker</u>	
	(City or town, State or foreign country) <u>Unknown</u>		<u>10/22</u> , 191____ (Address) <u>Carthage, Mo.</u>	
MAIDEN NAME OF MOTHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
<u>Unknown</u>		LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)		
BIRTHPLACE OF MOTHER		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.		
(City or town, State or foreign country) <u>Unknown</u>		Where was disease contracted if not at place of death?		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Former or usual residence <u>Webb City, Mo.</u>	
(Informant) <u>John Parker Supt.</u>			PLACE OF BURIAL OR REMOVAL	
(ADDRESS) <u>Carthage, Mo.</u>			<u>Ironago Cemetery</u>	
Filed <u>Oct 30</u> , 191 <u>2</u> <u>JAMES B. LOYD</u> REGISTRAR			DATE OF BURIAL	
			<u>Oct 30</u> , 191 <u>2</u>	
			UNDERTAKER	
			<u>Wuell Hard Co Carthage, Mo</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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PLACE OF DEATH

County Jasper
 Township Jackson
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
 408
 Registration District No. _____ File No. _____
 Primary Registration District No. 5563 Registered No. 159

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

FULL NAME William Foy

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>single</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>unknown</u> (Month) (Day) (Year)		
AGE <u>45</u> yrs. _____ mos. _____ ds.		if LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of Industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Jasper Co. Mo.</u>		
PARENTS	NAME OF FATHER <u>unknown</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>unknown</u>	
	MAIDEN NAME OF MOTHER <u>unknown</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>unknown</u>	

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, that I attended deceased from Oct. 28, 1912, to Oct. 28, 1912 that I last saw him alive on Oct. 28, 1912 and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:
hemorrhage of bowels due to ulcer

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

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. 2 ds.

(Signed) A. E. Baker M. D.
10-30, 1912 (Address) Carthage, Mo.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John Parker Supt.
 (ADDRESS) Carthage, Mo.
 Filed Nov 4 1912 by James P. Deat REGISTRAR

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 Cronozo Cemetery DATE OF BURIAL Oct. 30 1912
 UNDERTAKER Knell Und. Co. ADDRESS Carthage, Mo.

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[Approved by U. S. Census and American Public Health
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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 septichaemia*," "*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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