

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 Buchanan  
 County Washington Registration District No. 86 File No. 8269  
 Township Washington or Village Sanitarium Primary Registration District No. 5127 Registered No. 39  
 City St. Joseph (No. Dr. C. R. Woodson's St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Clarence H. Winn,

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <b>Male</b>	COLOR OR RACE <b>White</b>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <b>Single</b>	
DATE OF BIRTH <u>February 23th 1873</u> (Month) (Day) (Year)			
AGE <u>35</u> yrs. <u>I</u> mos. <u>0</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Traveling Salesman</u>			
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Jandy Company</u>			
BIRTHPLACE (City or town, State or foreign country) <u>Buchanan County, Mo.</u>			
PARENTS	NAME OF FATHER <u>Ferman S. Winn,</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Zanesville, Ohio</u>		
	MAIDEN NAME OF MOTHER <u>Jennie Karnes</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Buchanan Co. Mo.</u>		

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH March 7th 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 12, 1912, to Mar 24, 1913, that I last saw him alive on Mar 28, 1919, and that death occurred, on the date stated above, at 5 1/2 m.

The CAUSE OF DEATH\* was as follows:  
Septicemia  
Sacral Slough  
 (Duration) \_\_\_ yrs. \_\_\_ mos. 3 ds.  
 Contributory Malancholia  
 (Duration) \_\_\_ yrs. 5 mos. 2 ds.  
 (Signed) C. R. Woodson M. D.  
Mar 29 1913 (Address) 220 N. 7th

\*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. 4 mos. 15 ds. In the 35 yrs. 1 mos. \_\_\_ ds.  
 Where was disease contracted if not at place of death? 222 No. 12th St.  
 Former or usual residence 222 North 12th St.

PLACE OF BURIAL OR REMOVAL <u>Ebenezer Cemetery</u> <b>HEATON-BIGOLE UND. CO.</b>	DATE OF BURIAL <u>March 30th 1913</u>
ADDRESS <u>224 So. 8th St.</u>	

By J. W. Hark Registrar

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Fred Grier  
 (ADDRESS) 923 N. 12th Street

Filed Mich 39.3 J. J. Banstoch REGISTRAR

# 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*, *Sarcoma*, 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  
 Township Washington  
 or  
 Village \_\_\_\_\_  
 or  
 City St. Joseph

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

Registration District No. 86 File No. \_\_\_\_\_

Primary Registration District No. 5127 Registered No. 39

NO. Dr. C. R. Woodson's Ward \_\_\_\_\_

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

FULL NAME Clarence H. Wain

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Mar 28, 1913  
(Month) (Day) (Year)

DATE OF BIRTH Feb. 28, 1878  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 12, 1913, to Mar 28, 1913, that I last saw him alive on Mar 28, 1913

AGE 35 yrs. 1 mos. 0 ds.  
 If LESS than 1 day, 0 hrs. or 0 min.

and that death occurred, on the date stated above, at 5 1/2 p. m.

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Traveling Salesman  
 (b) General nature of Industry, business, or establishment in which employed (or employer) Candy

Septicemia  
Ulcerated slough  
Caused by chronic Bright's  
(Duration) yrs. mos. ds.

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

Contributory Melanoma  
(SECONDARY) (Duration) yrs. mos. ds.

NAME OF FATHER Detmer Wain

(Signed) C. R. Woodson M. D.  
Mar 29 1913 (Address) 220 N. St.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Gainesville

MAIDEN NAME OF MOTHER Genevieve

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

\*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

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

(Informant) Miss Fred Grier

At place of death 4 yrs. 15 mos. 15 ds. In the 35 yrs. 1 mos. 0 ds. State

(ADDRESS) 923 N. 12th St.

Where was disease contracted if not at place of death? 923 N. 12th St.

Former or usual residence 923 N. 12th St.

Filed May 16 1913 J. J. Banehart REGISTRAR

PLACE OF BURIAL OR REMOVAL Ebenezer Cem. DATE OF BURIAL Mar 30, 1913

UNDERTAKER J. W. Kase ADDRESS 224 S. 8th St.

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.

SUPPLEMENTARY

# Revised United States Standard Certificate of Death

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

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**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, Sarcoma*, 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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