

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

1 PLACE OF DEATH

County Buchanan Registration District No. _____ File No. 26889
Township _____
or _____
Village _____ Primary Registration District No. _____ Registered No. 842
or _____
City St. Joseph, (NO. St. Joseph's Hospital Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Jobe W. Pierce

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

6 DATE OF BIRTH November 25th. 1845
(Month) (Day) (Year)

7 AGE 69 yrs. 9 mos. 16 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Lumberman 59 (b) General nature of industry business, or establishment in which employed (or employer) Retired 156

9 BIRTHPLACE (City or town, State or foreign country) New Hampshire,

10 NAME OF FATHER William Pierce

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) New Hampshire

12 MAIDEN NAME OF MOTHER Martha Whitcomb,

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. Nellie Pierce
(Address) Union Star, Missouri.

15 Filed Sept 11 1915 St. Joseph, Mo. Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 11th. 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Sept. 5 1915 to Sept. 11 1915, that I last saw him alive on Sept. 11 1915, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* was as follows:
Amputation of Leg above knee joint for gangrene of foot from Diabetes Mellitus
(Duration) Several yrs. mos. ds.

CONTRIBUTORY Diabetic Coma
(Secondary) (Duration) One yrs. mos. ds.
(Signed) Caryl Potter M. D.
Sept. 11th. 1915 (Address) 120 So. 7th St.

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. 5 ds. In the State 54 yrs. mos. ds.

Where was disease contracted if not at place of death? Union Star, Mo.
Former or usual residence Union Star, Mo.

19 PLACE OF BURIAL OR REMOVAL Union Star, Mo. DATE OF BURIAL Sept. 12 1915

REGULATED BY STATE BOARD OF HEALTH UNDER THE MISSOURI VITAL STATISTICS ACT
UNDERTAKERS W. H. K. Co., Inc., St. Joseph, Mo. ADDRESS 224 S. 8th Street
Dr. J. H. K. Co.

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.

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*, *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

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

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

County Buchanan

Township _____

Registration District No. 85

File No. _____

Village _____

Primary Registration District No. 1001Registered No. 842City St. Joseph(NO. St. Joseph's Hospital St. _____ Ward)

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

FULL NAME Jobe W. Pierce

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
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DATE OF BIRTH November 25th., 1845
(Month) (Day) (Year)AGE 69 yrs. 9 mos. 16 ds.
If LESS than 1 day, ___ hrs. or ___ mins.OCCUPATION
(a) Trade, profession, or particular kind of work Lumberman
(b) General nature of industry, business, or establishment in which employed (or employer) RetiredBIRTHPLACE
(City or town, State or foreign country) New Hampshire

PARENTS	NAME OF FATHER <u>William Pierce</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>New Hampshire</u>
	MAIDEN NAME OF MOTHER <u>Melba Whitcomb</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Massachusetts</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M Nellie Pierce(ADDRESS) Union Star, MissouriFiled Nov 11, 1915

1915

W. E. Harrington

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH September 11, 1915
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,
that I last saw h_____ alive on _____, 191____,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Satisfactory Information Supplied.

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

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

(Signed) _____ M. D.

_____, 191____ (Address) _____

*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

DATE OF BURIAL

Sept. 13, 1915

UNDERTAKER:

Satisfactory Information Supplied.

ADDRESS

Original file, date _____

19____

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

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.

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

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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 "*Assthenia*," "*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.)