

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

## 1 PLACE OF DEATH

County Puechman

Township.....

or

Village.....

or

City St. JosephRegistration District No. 85File No. 26400Primary Registration District No. 1001Registered No. 996NO. State Hospital #2 St. Ward
 [If death occurred in a  
 hospital or institution,  
 give its NAME instead  
 of street and number.]
2 FULL NAME Benjamin Pangborn

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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

 16 DATE OF DEATH 2 Aug - 24 - 1920  
 (Month) (Day) (Year)

 6 DATE OF BIRTH Unknown 1 847  
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, that I attended deceased from  
Aug 5 - 1920 to Aug 24 - 1920  
 that I last saw him alive on Aug 23 - 1920  
 and that death occurred, on the date stated above, at 7:25 A.M.

 7 AGE 73 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:

 8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry business, or establishment in which employed (or employer) Puechman
Paralysis Agitans  
7B  
W/D  
 (Duration) Unknown yrs. mos. ds.

 9 BIRTHPLACE (City or town, State or foreign country) Ill

 CONTRIBUTORY (Secondary) Insanity  
 (Duration) Unknown yrs. mos. ds.

 10 NAME OF FATHER Unknown

 (Signed) M. L. Anderson M. D.  
Aug 24 - 1920 (Address) State Hospital #2 - St. Joseph

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

 12 MAIDEN NAME OF MOTHER Unknown

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

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

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 At place of death 19 yrs. 19 mos. 19 ds. In the State 19 yrs. 19 mos. 19 ds.

 (Informant) M. L. Anderson  
 (Address) State Hospital #2, St. Joseph

Where was disease contracted if not at place of death?

Former or usual residence Lafayette Co.
 15 Filed Aug 25 1920 Geo. M. Butler Registrar

 19 PLACE OF BURIAL OR REMOVAL Hodge Neb DATE OF BURIAL Aug 25, 1920

 20 UNDERTAKER Horton - Buffalo ADDRESS 224 - 508

# 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 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.)