

MAY 24 1936

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

11931

1. PLACE OF DEATH

County Jefferson  
Wardship Jefferson  
City Jefferson (No. 1)

Registration District No. 213-  
Primary Registration District No. 3014-

File No. 63-  
Registered No. 63-  
St. Jefferson Ward 1

2. FULL NAME

(a) Residence. No. 1 St. Jefferson Ward 1  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

V MEDICAL CERTIFICATE OF DEATH

3. SEX m  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 6 1926

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

I HEREBY CERTIFY, That I attended deceased from Apr 6 1926 to Apr 6 1926 that I last saw him alive on Apr 6 1926 and that death occurred, on the date stated above, at Jefferson Mo.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 6 - 26

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Abscesses  
16-17  
16-17

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 30

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work —  
(b) General nature of industry, business, or establishment in which employed (or employer) —  
(c) Name of employer —

CONTRIBUTORY (SECONDARY) Premature birth at eighth month gestation (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) East Park  
(STATE OR COUNTRY) Jefferson City

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: —

10. NAME OF FATHER Frank Gilmore

DID AN OPERATION PRECEDE DEATH? m DATE OF —

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY) —

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Madys Brown

WHAT TEST CONFIRMED DIAGNOSIS? Physical  
(Signed) H. Taylor M. D.  
(Address) Jefferson City Mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY) —

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

14. INFORMANT Frank Gilmore  
(Address) East Park Jeff City

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City, Cem DATE OF BURIAL 4/7 26

15. FILED 4/7 - 1926 V. Bedford REGISTRAR

20. UNDERTAKER Lawson Tamm ADDRESS J. M.

N. B. - Every item of information should be carefully supplied. A true statement of occupation is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

# 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, Composer, 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) *Colton 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; Broncho-pneumonia* ("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 neoplasm); *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.; *Broncho-pneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

*Dr. Taylor*

1. PLACE OF DEATH  
 County Cole Registration District No. 213 File No. ....  
 Township ..... Primary Registration District No. 3014 Registered No. 63  
 City Jefferson (No. ....) St. .... (Ward) .....

2. FULL NAME Gilmore (infant)  
 (a) Residence No. .... St. .... Ward, .....  
 (Usual place of abode) (if nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED as  
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

6. DATE OF BIRTH (MONTH, DAY AND YEAR) .....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work .....

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 6 - 1926

17. I HEREBY CERTIFY, That I attended deceased from Apr 6 to Apr 6, 1926  
 that I last saw him alive on Apr 16, 1926, and that death occurred, on the date stated above, at .....

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary atelectasis  
Child born about 30 mks  
His mother died 10 days later  
from Pulmonary TB  
 CONTRIBUTORY Premature tubercular  
(SECONDARY) mother, who died 10 days later  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) H. Taylor M. D.  
10/26, 1926 (Address) Jefferson City Mo

9. BIRTHPLACE (CITY OR TOWN) .....

(STATE OR COUNTRY) .....

10. NAME OF FATHER .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....

(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER .....

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....

(STATE OR COUNTRY) .....

14. INFORMANT (Address) .....

15. 47 - 740 V. Bedford  
 Filed ....., 1926 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL .....

DATE OF BURIAL .....

20. UNDERTAKER .....

ADDRESS .....

REGISTRATION FEE SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.  
 AGE should be carefully supplied. AGE should be stated EXACTLY. PRECISELY. AGE is very important. Exact statement of OCCASION of death is very important.

**SUPPLEMENTARY**

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