

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	<i>Barry</i>		Registration District No.	<i>30</i>	File No.	<i>4137</i>
Township	_____		Primary Registration District No.	<i>3003</i>	Registered No.	<i>9</i>
Village	_____		(NO. _____) St.	_____	Ward	_____
City	<i>Monett</i>		(If death occurred in a hospital or institution, give its NAME instead of street and number)			
FULL NAME <i>James Thomas</i>						
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
<i>Male</i>	<i>white</i>	<i>single</i>	<i>Feb. 3, 1913</i> (Month) (Day) (Year)			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
<i>Aug. 14, 1887</i> (Month) (Day) (Year)			<i>Nov. 19, 1912, to Jan. 3, 1913,</i>			
AGE			that I last saw him alive on <i>Jan. 3, 1913,</i>			
<i>106 yrs. 5 mos. 28 ds.</i>			and that death occurred, on the date stated above, at <i>8</i> m.			
OCCUPATION			The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work <i>Blacksmith</i>			<i>Infirmities of age</i>			
(b) General nature of industry, business, or establishment in which employed (or employer) <i>5041</i>			<i>16 1/2</i>			
BIRTHPLACE (City or town, State or foreign country) <i>Tenn</i>			(Duration) <i>1 1/2</i> yrs. mos. ds.			
PARENTS	NAME OF FATHER <i>Not known</i>		Contributory (SECONDARY)			
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Not known</i>		? (Duration) yrs. mos. ds.			
	MAIDEN NAME OF MOTHER <i>Not known</i>		(Signed) <i>M. G. Hagler</i> M. D.			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Not known</i>		<i>2/3, 1913</i> (Address) <i>Monett, Mo</i>			
*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) <i>Burch Thomas</i>			At place of death yrs. mos. ds. In the State yrs. mos. ds.			
(ADDRESS) <i>Monett Mo</i>			Where was disease contracted if not at place of death?			
Filed <i>Feb 3, 1913</i>			Former or usual residence _____			
REGISTRAR <i>[Signature]</i>			PLACE OF BURIAL OR REMOVAL <i>Anderson cemetery</i>		DATE OF BURIAL <i>Feb 4, 1913</i>	
			UNDERTAKER <i>J. Thomas, son</i>		ADDRESS <i>Monett Mo</i>	

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) *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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REGISTRARS SHALL NOT RE-CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH
 County Barry
 Township _____
 or _____
 Village _____
 or _____
 City Monett (NO. _____ St.: _____ Ward _____)

Registration District No. 30 File No. _____
 Primary Registration District No. 3003 Registered No. 9

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

FULL NAME James Thomas

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single
 DATE OF BIRTH Aug 14 1807
 (Month) (Day) (Year)
 AGE 106 yrs. 5 mos. 20 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work Blacksmith
 (b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Illinois

PARENTS
 NAME OF FATHER Not known
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Not known
 MAIDEN NAME OF MOTHER Not known
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Arch Thomas
 (ADDRESS) Monett Mo.

Filed Feb 3 1913 REGISTRAR [Signature]

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 3 1913
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Nov 19 1912, to Jan 3 1913, that I last saw him alive on Jan 3 1913, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:
Infirmitis of age
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) X W. C. Hader M. D. 2/3 1913 (Address) Monett Mo.

*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 Henderson Cem DATE OF BURIAL 2/4 1913
 UNDERTAKER J. Thomas Son ADDRESS Monett Mo.

Revised United States Standard Certificate of Death

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

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