

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

36579

Town or Village or City: \_\_\_\_\_  
 Registration District No. 11 File No. \_\_\_\_\_  
 Registration District No. 5041 Registered No. 108  
 City: \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 FULL NAME: James George (James)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX: Male  
 4 COLOR OR RACE: White  
 5 SINGLE MARRIED WIDOWED OF DIVORCED: Unmarried

16 DATE OF DEATH: June 6, 1919

6 DATE OF BIRTH: Aug 15, 1857

17 I HEREBY CERTIFY, that I attended deceased from Dec 29<sup>th</sup> 1918 to June 6, 1919, that I last saw him alive on June 6, 1919, and that death occurred, on the date stated above, at 8 A.M.

7 AGE: 61 yrs. mos. ds.  
 If LESS than 1 day, hrs. or min.?

The CAUSE OF DEATH\* was as follows:  
Uremia following an attack of influenza  
330 (Duration) yrs. mos. ds.

8 OCCUPATION: (a) Trade, profession, or particular kind of work: Att. at Law  
 (b) General nature of industry business, or establishment in which employed (or employer): fc

CONTRIBUTORY (Secondary): Arteriosclerosis & general debility  
 (Signed) J. M. Shuebler M. D.  
 191 (Address) Cassville Mo

9 BIRTHPLACE: (City or town, State or foreign country) Missouri

PARENTS:  
 10 NAME OF FATHER: David O. George  
 11 BIRTHPLACE OF FATHER: 9  
 12 MAIDEN NAME OF MOTHER:  
 13 BIRTHPLACE OF MOTHER: 9

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) J. L. George  
 (Address) Cassville Mo

18 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:

15 Filed: Dec 5<sup>th</sup> 1919  
Grace Williams  
 Registrar

19 PLACE OF BURIAL OR REMOVAL: \_\_\_\_\_ DATE OF BURIAL: \_\_\_\_\_, 191\_\_\_\_  
 20 UNDERTAKER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

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.

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# United States Standard Certificate of Death

Consensus and American Public Health Association.]

Statement.—Precise statement of occupation; so that the relative importance of the various pursuits can be known. The name of each and every person, irrespective of sex, age, and color, in the occupation, a single word or term being sufficient, e. g., *Farmer* or *Miner*; *Physician*, *Architect*, *Locomotive Engineer*, *Millwright*, *Stationary fireman*, etc. But in industrial employments, the kind of work and also the nature of the business or industry, and there-fore an additional statement is provided for the latter statement; it should be used only when needed. As examples: (a) *Sprayer*, (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," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "Puerperal septicæmia," "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*; *Rescued 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.)