

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. THIS IS A PERMANENT RECORD

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

1 PLACE OF DEATH

County Ray,
 Township Richmond,
 or
 Village
 or
 City Richmond, (NO. St. Ward)

Registration District No. 744 File No. 26247
 Primary Registration District No. 3035 Registered No. 568

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

2 FULL NAME George Ernest Jacobs.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male	4 COLOR OR RACE Negro,	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married
6 DATE OF BIRTH <u>July, 14, 1880</u> (Month) (Day) (Year)		
7 AGE <u>36 yrs. 11 mos. 25 ds.</u>		If LESS than 1 day.....hrs. or.....min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work..... <u>Miner,</u> (b) General nature of industry business, or establishment in which employed (or employer)..... <u>Mining, 2011</u>		
9 BIRTHPLACE (City or town, State or foreign country) <u>Richmond, Mo.</u>		
PARENTS	10 NAME OF FATHER <u>George Jacobs,</u>	04
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ray County, Mo.</u>	
	12 MAIDEN NAME OF MOTHER <u>Amanda Brigman,</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ray County- M9.</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 9th, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 21, 1917 to July 9th, 1917, that I last saw h. in alive on July 19th, 1917, and that death occurred, on the date stated above, at 2:45 P.M.

The CAUSE OF DEATH* was as follows:
Fracture & dislocation lower end of dorsal vertebra
Rupture complete of spinal cord
 (Duration)..... yrs. mos. 18 ds.
 CONTRIBUTORY Traumatic pneumo
 (Secondary) (Duration)..... yrs. mos. 10 ds.
 (Signed) W. S. Coombe M. D.
7-10-, 1917 (Address) Richmond Mo

*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. ds. In the State..... yrs. mos. ds.
 Where was disease contracted if not at place of death?.....
 Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL <u>St. Cemetery</u>	DATE OF BURIAL <u>11/11</u> , 191 <u>7</u>
20 UNDERTAKER <u>Stennitt Co., Richmond Mo</u>	ADDRESS

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Walter Jacobs
 (Address) Richmond Mo

15 Filed July 10th, 1917 Geo W Hunt
 Registrar

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*; *Broncho-pneumonia* ("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 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.)

Pls state Cause
of Fracture and
of acqu^m p^ulta

Fall of rock in coal
mine - accident

~~R. S. Swellton~~

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

The enclosed certificate is defective for the reason that the cause of death is not stated.

Please correct, sign and return, together with this card.

J. A. B. ADCOCK, M. D.,

State Registrar

N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state exactly. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

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

1 PLACE OF DEATH
 County *Ray*
 Township
 or
 Village
 or
 City *Richmond* (NO. *3135*)

Registration District No. *144* File No. *26247*
 Primary Registration District No. *3135* Registered No.
 St. Ward

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

2 FULL NAME *George Ernest Jacobs*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *M* 4 COLOR OR RACE *B* 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) *M*

16 DATE OF DEATH *July 9* 191*7*
 (Month) (Day) (Year)

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

17 I HEREBY CERTIFY, that I attended deceased from *July 9* 191*7* to *July 9* 191*7*.
 that I last saw h..... alive on..... 191*7*.
 and that death occurred, on the date stated above, at..... m.

7 AGE
 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
 (b) General nature of industry, business, or establishment in which employed (or employer)

fracture & dislocation lower end of dorsal vertebrae rupture complete of spinal cord
 Duration..... yrs..... mos..... ds.
 Contributory *fracture & dislocation*
 (Secondary) Duration..... yrs..... mos..... ds.

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

PARENTS
 10 NAME OF FATHER
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country)
 12 MAIDEN NAME OF MOTHER
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

(Signed)..... M. D.
 191..... (Address).....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant).....
 (Address).....

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 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..... 191.....
 Registrar

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL..... 191.....
 20 UNDERTAKER ADDRESS

SUPPLEMENTARY

Revised United States Standard Certificate of Death

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

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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), 29ds.; *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.)