

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

4159E

1 PLACE OF DEATH
County Ray
Township Fishing River Registration District No. 143 File No.
or Primary Registration District No. 6237 Registered No. 357
Village
or
City (NO. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME John Johnson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male
4 COLOR OR RACE White
5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH April 16, 1843
(Month) (Day) (Year)

7 AGE 75 yrs. 7 mos. 7 ds. If LESS than 1 day, hrs. or min.?

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

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

PARENTS

10 NAME OF FATHER John Johnson

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

12 MAIDEN NAME OF MOTHER don't know

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Julia Langan
(Address) Liberty Mo

15 Filed Nov 15, 1918 L. E. Ellis
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 13, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 1, 1918, to Nov 13, 1918, that I last saw him alive on Nov 13, 1918, and that death occurred, on the date stated above, at 3:00 p.m.

The CAUSE OF DEATH* was as follows:
Uremic poisoning
191
1922/1/20
(Duration) 2 yrs. 2 mos. 2 ds.

CONTRIBUTORY (Secondary) chronic Bright's disease
(Duration) 1 1/2 yrs. 0 mos. 0 ds.
(Signed) G. A. Lang, M. D.
Nov 13, 1918 (Address) Rayville, 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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL South Point DATE OF BURIAL Nov 14, 1918

20 UNDERTAKER J. E. Broadhurst ADDRESS Rayville, Mo

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.

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

therefore an additional line is provided for
ment; it should be used only when needed.

a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*,
i) *Foreman*, (b) *Automobile factory*. The

d on may form part of the second state-
ment. 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 *Serv-
ant*, *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 re-
tired from business, that fact may be indicated thus:
Farmer (retired, 6 yrs.) For persons who have no occu-
pation whatever, write *None*.

Statement of cause of death.—Name, first, the
DISEASE CAUSING DEATH (the primary affection with re-
spect to time and causation), using always the same
accepted term for the same disease. Examples: *Cere-
brospinal fever* (the only definite synonym is "Epidemic
cerebrospinal meningitis"); *Diphtheria* (avoid use of
"Croup"); *Typhoid fever* (never report "Typhoid pneu-
monia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneu-
monia," 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 im-
portant. Example: *Measles* (disease causing death),
29 ds.; *Bronchopneumonia* (secondary), *10 ds.* Never
report mere symptoms or terminal conditions, such as
"*Asithenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*,"
"*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con-
genital*," "*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 mis-
carriage, 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 HOMIC-
CIDAL, 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 "Con-
tributory." (Recommendations on statement of cause of
death approved by Committee on Nomenclature of the
American Medical Association.)