

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.

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

PLACE OF DEATH San Francisco  
County San Francisco  
Township \_\_\_\_\_ or \_\_\_\_\_  
Village Flat River Mo  
City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registration District No. 774 File No. 24042-24119  
Primary Registration District No. 4465 Registered No. \_\_\_\_\_

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

FULL NAME John H Covington

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

DATE OF BIRTH July 23, 1893  
(Month) (Day) (Year)

AGE 17 yrs. 5 mos. 5 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

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

PARENTS  
NAME OF FATHER Wm Covington  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia  
MAIDEN NAME OF MOTHER Mary Hunter  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. H. Covington  
(ADDRESS) Flat River Mo

Filed 7/28 1912 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 28, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 1st, 1912, to July 28, 1912, that I last saw him alive on July 24, 1912, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH\* was as follows:  
Exhaustion (Anxiety)  
13C  
162  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (SECONDARY) Opuntary  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) F. L. Keith M. D.  
July 29, 1912 (Address) Flat River

\*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 Bonnie Terra DATE OF BURIAL July 30, 1912  
UNDERTAKER Henry Rinker ADDRESS Flat River Mo

# 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 show (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.)



PLACE OF DEATH  
County St. FrancoisREGISTRARS SHALL NOT RE-  
CEIVE A FEE FOR CERTIFICATES  
UNTIL THEY ARE COMPLETED AS  
PRESCRIBED BY LAW.Township  
or Flat River  
Village  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. 774 File No. 24042  
Primary Registration District No. 4465 Registered No. \_\_\_\_\_FULL NAME John H. Covington(If death occurred in a  
hospital or institution,  
give its NAME instead  
of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED married  
WIDOWED OR DIVORCED  
(If write the word)DATE OF DEATH July 28, 1912  
(Month) (Day) (Year)DATE OF BIRTH Feb. 23, 1833  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

AGE 79 yrs. 5 mos. 5 ds. If LESS than  
1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min. or \_\_\_\_\_ min.July 14, 1912 to July 28, 1912  
that I last saw him alive on July 28, 1912and that death occurred, on the date stated above, at 11 p.m.OCCUPATION  
(a) Trade, profession, or  
particular kind of work Contractor  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) Teasing

The CAUSE OF DEATH\* was as follows:

Exhaustion (senility)BIRTHPLACE  
(City or town,  
State or foreign country) Kentucky

(Duration) yrs. mos. ds.

NAME OF FATHER Wm CovingtonContributory Opportunity  
(SECONDARY)

(Duration) yrs. mos. ds.

BIRTHPLACE OF FATHER  
(City or town, State or foreign country) Virginia(Signed) F. L. Keith M. D.July 29, 1912 (Address) Flat RiverMAIDEN NAME OF MOTHER Sarah Hunter\*State the Disease Causing Death, or, in deaths from Violent Causes, state  
(1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.BIRTHPLACE OF MOTHER  
(City or town, State or foreign country) VirginiaLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR  
RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted  
if not at place of death? \_\_\_\_\_(Informant) J. W. Cornegar  
Flat River Mo.

Former or usual residence \_\_\_\_\_

Filed Aug 1, 1912 MA Pappas  
REGISTRARPLACE OF BURIAL OR REMOVAL Bonne Terre DATE OF BURIAL July 30, 1912UNDERTAKER Henry Rinke ADDRESS Flat RiverOriginal file date JUL, 1912

All information called for must be written on this Supplementary Certificate.

WHILE PLAINLY, WITH UP

NG INK—THIS IS A PERMANENT RECORD

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