

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

PLACE OF DEATH

County Johnson
Township or Village of Jefferson
City (NO. _____) _____ St. _____ Ward _____

Registration District No. 14 File No. 14766
Primary Registration District No. 5587 Registered No. 6

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

FULL NAME Leslie Roy Hawk

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH May 6, 1896
AGE 14 yrs. 11 mos. 17 ds. IF LESS than 1 day, _____ hrs or _____ min.?

DATE OF DEATH April 18, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 6 P.M. April 17, 1911, to 3:00 A.M. - 4/18, 1911, that I last saw him alive on April 18, 1911, and that death occurred, on the date stated above, at 3:00 a.m.

THE CAUSE OF DEATH* was as follows:
Internal injuries sustained by kick of a mule.
188 (Duration) _____ yrs. _____ mos. 20 hours

OCCUPATION (a) Trade, profession, or particular kind of work Farm Boy
(b) General nature of industry, business, or establishment in which employed (or employer) 0

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) Johnson Co Mo

PARENTS
NAME OF FATHER J B C Hawk
BIRTHPLACE OF FATHER (City or town, State or foreign country) Johnson Co Mo
MAIDEN NAME OF MOTHER Leah M E Wright
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Cooper Co Mo

(Signed) J D Mesnick M. D.
April 18, 1911 (Address) Green Ridge Mo
*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Hawk
(ADDRESS) Green Ridge Mo R # 3

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 _____

Filed April 18 1911 J D Mesnick REGISTRAR

PLACE OF BURIAL OR REMOVAL Highpoint Church DATE OF BURIAL April 19 1911
UNDERTAKER Chas A Carter ADDRESS Wardox

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*, *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. Never return "Laborer," "Foreman," "Dealer," etc., without more precise specification. *Day laborer*, *Farm laborer*, *Laborer—Coal*. Women at home, who are engaged in the household only (not paid *Housekeepers* with definite salary), may be entered as *Housework*, or *At home*, and children, not gainful, as *At school* or *At home*. Care should be reported specifically the occupations of persons doing domestic service for wages, as *Servant*, *Cook*, *Maid*, etc. If the occupation has been changed up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retirement, that fact may be indicated thus: *tired, 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name of DISEASE CAUSING DEATH (the primary affection, respect to time and causation), using always the accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym for "cerebrospinal meningitis"); *Diphtheria* (a "Croup"); *Typhoid fever* (never report "pneumonia"); *Lobar pneumonia*; *Bronchopneumonia*; *Tuberculosis* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma*, etc., of _____ (name of organ; "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 childbirth or miscarriage, as "PUERPERAL peritonitis," etc. If surgical operation was undertaken, state MEANS OF INJURY and whether SUICIDAL, or HOMICIDAL, or as possible to determine definitely. Examples: *Struck by railway car*; *Wound of head—homicide*; *Fracture of skull, and consequent meningitis*; *Probable suicide*. The nature of the injury may be stated under the (Recommendations on statement approved by Committee on American Medical Association.)

Statement of cause of death.—Name, first, of 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-*

