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

PLACE OF DEATH

County: Cape Girardeau

Township: ~~Cape Girardeau~~

or Village:

or City: Cape Girardeau (NO. _____ St.: _____ Ward)

Registration District No. 125 File No. 16000

Primary Registration District No. 3009 Registered No. 103

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

FULL NAME Frank Hite

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH: Dec (Month) 25 (Day), 1848 (Year)

AGE: 62 yrs. ____ mos. ____ ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

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

PARENTS
NAME OF FATHER: Wm Hite
BIRTHPLACE OF FATHER (City or town, State or foreign country): Dont Know
MAIDEN NAME OF MOTHER: ~~Dont~~ Know
BIRTHPLACE OF MOTHER (City or town, State or foreign country): Dont Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ernestine Hite

(ADDRESS) Cape Girardeau

Filed June 16, 1910. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: June (Month) 16 (Day), 1910 (Year)

I HEREBY CERTIFY, that I ~~attended deceased from~~ viewed body as Coroner, 191__, to _____, 191__,

that I last saw h____ alive on _____, 191__,

and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

Dilatation of the Heart

(Duration) ____ yrs. ____ mos. ____ ds.

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

(Signed) Frank H Nettles M. D.

_____, 191__ (Address) Coroner

*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: New City Cemetery

DATE OF BURIAL: June 16, 1910

UNDERTAKER: [signature]

ADDRESS: Cape Gir

,vised United States Standard Certificate of Death

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

Statement of occupation.—Precise statement of oc- ation is very important, so that the relative health- ness of various pursuits can be known. The ques- ı applies to each and every person, irrespective of . For many occupations a single word or term on first line will be sufficient; e. g., *Farmer* or *Planter, ;sician, Compositor, Architect, Locomotive engineer, il engineer, Stationary fireman,* etc. But in many es, especially in industrial employments, it is neces- y to know (*a*) the kind of work and also (*b*) the ure of the business or industry, and therefore an litional line is provided for the latter statement; it uld be used only when needed. As examples: (*a*) 'nner, (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* ı *Foreman,* (*b*) *Automobile factory.* The material rked on may form part of the second statement. ver return "Laborer," "Foreman," "Manager," ealer," etc., without more precise specification, as y *laborer, Farm laborer, Laborer—Coal mine,* etc. omen at home, who are engaged in the duties of the ısehold only (not paid *Housekeepers* who receive a mite salary), may be entered as *Housewife, House- rk,* or *At home,* and children, not gainfully employed, *At school* or *At home.* Care should be taken to re- t specifically the occupations of persons engaged in nestic service for wages, as *Servant, Cook, House- id,* 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, 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 *septichaemia,*" "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.)

HUGH STEPHENS, JEFFERSON CITY.