

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

PLACE OF DEATH

County Jasper

Township \_\_\_\_\_

Village \_\_\_\_\_

City Alba

Registration District No. 405

Primary Registration District No. 4239

File No. 24066

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME

Lloyd Howe

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>December 26<sup>th</sup> 1909</u> (Month) (Day) (Year)		
AGE <u>6 yrs. 7 mos. 7 ds.</u>		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Alba Mo.</u>		

PARENTS	NAME OF FATHER <u>George W. Howe</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Massac Co Ill.</u>
	MAIDEN NAME OF MOTHER <u>Sarah Clark</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Stark Co Ill.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Geo W Howe

(ADDRESS) Alba Mo

Filed Aug 9<sup>th</sup> 1910 D A Cadyle  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH July 5<sup>th</sup> 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 3<sup>rd</sup> 1910, to July 5<sup>th</sup> 1910, that I last saw him alive on July 5<sup>th</sup> 1910, and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH\* was as follows:

Spinal Fracture  
79A

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 3 ds.

Contributory

(SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) L L Short per D A Cadyle D.  
July 9<sup>th</sup> 1910 (Address) Purdell Mo.

\*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

Webb City Mo

DATE OF BURIAL

July 6<sup>th</sup> 1910

UNDERTAKER

Webb City Wood Co

ADDRESS

Webb City Mo

WRITE PLAINLY, WITH UNFAADING 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.

# 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*; *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 not be stated unless important. Example: *Measles causing death*, 29 ds.; *Bronchopneumonia (secondary)*, 10 ds. Never report mere symptomatic conditions, such as "Asthenia," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile"), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always quote diseases resulting from childbirth or miscarriage: "PUERPERAL septicaemia," "PUERPERAL peritonitis." State cause for which surgical operation was taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, 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.)



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

County Gasconade  
Township Central  
or  
Village Alba  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 405 File No. 24066-2

Primary Registration District No. 4239 Registered No. 4

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

FULL NAME Lloyd House

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH 12 26 1909  
(Month) (Day) (Year)

AGE \_\_\_\_\_ yrs. 6 mos. 7 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) Alba Mo

PARENTS  
NAME OF FATHER J. W. House  
BIRTHPLACE OF FATHER Alba Mo  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Sarah Clark  
BIRTHPLACE OF MOTHER Alba Mo  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Lloyd House

(ADDRESS) Alba Mo.

Filed Aug 9<sup>th</sup> 1910 D. A. Carlyle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 7 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 7/3, 1910, to 7/5, 1910, that I last saw h. alive on \_\_\_\_\_, 1910,

and that death occurred, on the date stated above, at 4:00 P. m.  
The CAUSE OF DEATH\* was as follows:

Spinal Tumor  
79B  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

Contributory (SECONDARY) \_\_\_\_\_  
Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) L. S. Short M. D.  
7/5 1910 (Address) Alba Mo

\*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 IN 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 Webb City Cern DATE OF BURIAL 7-6- 1910

UNDERTAKER Webb City Und. Co ADDRESS Webb City Mo

# Revised United States Standard Certificate of Death

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