

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

PLACE OF DEATH  
County Pemiscot  
Township Pascala  
or Pascala  
Village  
or  
City (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 653  
Primary Registration District No. 5870

File No. 31501  
Registered No. 103

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

FULL NAME John L. Fyke

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE  MARRIED  Married WIDOWED  OR DIVORCED  (If write the word)

DATE OF BIRTH 1861 April 2<sup>d</sup>, 1861  
(Month) (Day) (Year)

AGE 49 yrs. 6 mos. 26 ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Public works stove piler  
(b) General nature of industry, business, or establishment in which employed (or employer) Stove manufactory

BIRTHPLACE Benton Scott Co Mo West Va.  
(City or town, State or foreign country)

PARENTS  
NAME OF FATHER Joshua Fyke  
BIRTHPLACE OF FATHER West Tenn.  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Louisa Lipcom  
BIRTHPLACE OF MOTHER Robinson Co. Tenn.  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(informant) Luellen Abernathy  
(ADDRESS) Pascala Mo

Filed Oct 26, 1910 J. W. Johnson  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 25, 1910  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 4, 1910, to Oct 25, 1910, that I last saw him alive on October 25<sup>th</sup> 5 P.M., 1910, and that death occurred, on the date stated above, at 5 P. m.

The CAUSE OF DEATH\* was as follows:  
Typhoid Fever

Contributory Chronic Malaria + fall on Aug 6<sup>th</sup> of October, 1910  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 21 ds.  
(Signed) Uriah F. Johnson M. D.  
Oct 26, 1910 (Address) Pascala 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 7 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted if not at place of death? Pascala  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Pascala Tenn. cem. DATE OF BURIAL Oct 26, 1910  
UNDERTAKER G. W. Davis ADDRESS Hayth. Mo.

# rd Certificate

in Public Health

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omotive engineer,

c. But in many  
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be stated under the head of "Con-  
-sion of skull, and consequences (e. g.,  
act—probably suicide. The nature

The material  
"Manager,"  
such, if impossible to determine  
as ACCIDENTAL, SUICIDAL, or HOMIC-  
Coal mine, etc.

the duties of the  
the cause for which surgical operation  
of VIOLENT DEATHS state MEANS OF  
-Coal mine, etc.

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-Coal mine, etc.

no occupation  
Farmer (re-  
sion (secondary), 10 ds. Never  
Measles (disease causing death),  
tion need not be stated unless im-

ame, first, the  
affection with re-  
always the same  
Examples: Cere-  
ym is "Epidemic  
a (avoid use of  
report "Typhoid  
ronchopneumonia  
e); Tuberculosis  
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 (dis-  
ease causing death), 29 ds.; Bronchopneumonia (sec-  
ondary), 10 ds. Never report mere symptoms or ter-  
minal conditions, such as "Asthenia," "Anaemia"  
(merely symptomatic), "Atrophy," "Collapse," "Coma,"  
"Convulsions," "Debility" ("Congenital," "Senile," etc.),  
"Dropsy," "Exhaustion," "Heart failure," "Haemor-  
rhage," "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 under-  
taken. 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 conse-  
quences (e. g., sepsis, tetanus) may be stated under the  
head of "Contributory." (Recommendations on state-  
ment of cause of death approved by Committee on  
Nomenclature of the American Medical Association.)

Committee on Nomenclature of the  
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