

## PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHCounty MadisonTownship Twelve Mile

Village \_\_\_\_\_

City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 538File No. 34850Primary Registration District No. 5726Registered No. 124

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

FULL NAME Clida Carl Trusty

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single  
(Write the word)DATE OF BIRTH Jan. 18, 1909  
(Month) (Day) (Year)AGE 9 yrs. 23 mos. 23 ds. 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) Madison Co, Mo.

PARENTS

NAME OF FATHER Alvin B. Trusty

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Wayne Co, Mo.MAIDEN NAME OF MOTHER Nancy C. Berry

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Madison Co, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) David Berry(ADDRESS) Caldwater, MoFiled Nov 14, 1910G. M. Dennis  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 11, 1910  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Nov. 9, 1910, to Nov. 11, 1910, that I last saw him alive on Nov. 10, 1910, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH\* was as follows:

Enteritis  
119 B(Duration) \_\_\_ yrs. \_\_\_ mos. 7 ds.

Contributory

(SECONDARY)

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

(Signed) Danyers M. D.  
Nov 11, 1910 (Address) Caldwater, 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

DATE OF BURIAL Nov 15, 1910UNDERTAKER Nov 14

ADDRESS

# 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 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.)



County Madison  
Township Twelve mi  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
Registration District No. 538 File No. 34850  
Primary Registration District No. 5726 Registered No. 114

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

FULL NAME Alida Earl Trusty

**PERSONAL AND STATISTICAL PARTICULARS**

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Jan 18 1909</u> (Month) (Day) (Year)		
AGE <u>9 mos. 23 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>Madison Mo.</u>		
PARENTS	NAME OF FATHER <u>Alvin Trusty</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Wayne Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Nancy Berry</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Madison Mo.</u>	

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Nov. 11 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 9 1918, to Nov. 11 1918, that I last saw him alive on Nov. 10 1918, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH\* was as follows:  
Enteritis

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

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

(Signed) O. A. Meyers M. D.  
Nov. 11 1918 (Address) Goldwater, 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 \_\_\_\_\_

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
Informant) Doris Berry  
(ADDRESS) Goldwater, Mo.  
Filed Nov. 14 1918 S. H. Davis REGISTRAR

PLACE OF BURIAL OR REMOVAL Sec 1 Cemetery DATE OF BURIAL Nov. 17 1918  
UNDERTAKER none ADDRESS \_\_\_\_\_

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Association]

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