

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 Monroe
Township Indian Creek Registration District No. 585 File No. 34953
or
Village _____ Primary Registration District No. 5783 Registered No. _____
or
City _____ (NO. _____ St. _____ Ward _____)

FULL NAME William O'Brien

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>Nov 10</u> , 191 <u>0</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Tuberculosis</u> , 1 _____, 191 <u>0</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>July 1</u> , 191 <u>0</u> , to <u>Nov 1</u> , 191 <u>0</u> , that I last saw him alive on <u>Nov 1</u> , 191 <u>0</u> , and that death occurred, on the date stated above, at <u>7</u> <u>0</u> <u>0</u> a.m.	
AGE <u>22</u> _____ yrs. <u>4</u> mos. <u>10</u> ds.			The CAUSE OF DEATH* was as follows: <u>23A</u> <u>Tuberculosis</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____			(Duration) <u>1</u> yrs. <u>10</u> mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>			Contributory _____ (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>William O'Brien</u>		(Signed) <u>J. B. Corley</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u>		191 <u>0</u> (Address) _____	
	MAIDEN NAME OF MOTHER <u>Don't know</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Del Spalding</u> (ADDRESS) <u>Indian Creek, Mo.</u>			Where was disease contracted if not at place of death? _____ Former or usual residence _____	
Filed _____, 191 <u>0</u>			PLACE OF BURIAL OR REMOVAL <u>Indian Creek</u> DATE OF BURIAL <u>Nov 12</u> , 191 <u>0</u>	
REGISTRAR _____			UNDERTAKER- <u>C. E. Hamacher</u> ADDRESS <u>Monroe City</u>	

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 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.)

HUGH STEPHENS, JEFFERSON CITY.



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N. B.—Every item of information should be carefully checked. It should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it fully explains the case. Exact statement of OCCUPATION is very important.

PLACE OF DEATH Monroe MISSOURI STATE BOARD OF HEALTH
 COUNTY Monroe BUREAU OF VITAL STATISTICS
 TOWNSHIP Indian Creek REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW: CERTIFICATE OF DEATH
 OR
 VILLAGE _____ Registration District No. 285 File No. 34963
 OR
 CITY _____ Primary Registration District No. 2783 not 6783 Registered No. _____
 (No. _____ St. _____ Ward _____)
 FULL NAME William O'Brien [If death occurred in a hospital or institution, give its NAME instead of street and number]

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>July 1</u> , 18 <u>87</u> (Month) (Day) (Year)		
AGE <u>22</u> yrs. <u>4</u> mos. <u>10</u> ds. IF LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer.</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Missouri</u>		
PARENTS	NAME OF FATHER <u>William O'Brien</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u>	
	MAIDEN NAME OF MOTHER <u>Drute Snow</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Brit Know.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		
(Informant) <u>Doc Spalding</u>		
(ADDRESS) <u>Indian Creek Mo</u>		
Filed <u>Nov 12</u> 191 <u>0</u> , by <u>J. B. Corley</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov 10, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 1, 1910, to Nov 1, 1910, that I last saw him alive on Nov 1, 1910, and that death occurred, on the date stated above, at 7 1/2 hr.

The CAUSE OF DEATH* was as follows:
Ember Culois.

(Duration) 1 yrs. 10 mos. ___ ds.

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

(Signed) J. B. Corley M. D.
Nov 12 1910 (Address) Monroe City 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 <u>Indian Creek</u>	DATE OF BURIAL <u>Nov. 12</u> 191 <u>0</u>
UNDERTAKER <u>C. F. Hamilton</u>	ADDRESS <u>Monroe City</u>

Original Filed date Nov 12 1910 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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