

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

PLACE OF DEATH

County Wright
Township West
or
Village Hartsville
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 906 File No. 36767A
Primary Registration District No. 4547 Registered No. 22

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

FULL NAME Edw McNealy

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH February 2, 1974
(Month) (Day) (Year)

AGE 30 yrs. 9 mos. 25 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Mescal Mills, Mo.
Lincoln Co.

PARENTS
NAME OF FATHER Douglas McNealy
BIRTHPLACE OF FATHER (City or town, State or foreign country) Agar, Co.
MAIDEN NAME OF MOTHER Mary E. Williams
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Lincoln, Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed Nov 29, 1910 James M. Galt REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 27, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 14, 1909, to Nov 27, 1910, that I last saw him alive on Nov 27, 1910, and that death occurred, on the date stated above, at 12.30 P.M.

The CAUSE OF DEATH* was as follows:
Brain Fog brought on by excessive study on machinery
176
13413 (Duration) 1 yrs. 0 mos. 0 ds.

Contributory Biliary & Mercurial Poisons
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) R. A. Hanson M. D.
Nov 28, 1910 (Address) Hartsville, 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 Hartsville, Mo. DATE OF BURIAL Nov 28, 1910

UNDERTAKER A. P. Wheelchel ADDRESS Hartsville, Mo.

United States Standard Certificate of Death

red by U. S. Census and American Public Health
Association]

ent of occupation.—Precise statement of oc-
s very important, so that the relative health-
various pursuits can be known. The ques-
es to each and every person, irrespective of
many occupations a single word or term on
ne will be sufficient, e. g., *Farmer* or *Planter*,
Compositor, *Architect*, *Locomotive engineer*,
neer, *Stationary fireman*, etc. But in many
pecially in industrial employments, it is neces-
how (a) the kind of work and also (b) the
the business or industry, and therefore an
line is provided for the latter statement; it
used only when needed. As examples: (a)
'b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*;
nan, (b) *Automobile factory*. The material
a may form part of the second statement.
turn "Laborer," "Foreman," "Manager,"
etc., without more precise specification, as
er, *Farm laborer*, *Laborer—Coal mine*, etc.
home, who are engaged in the duties of the
only (not paid *Housekeepers* who receive a
lary), may be entered as *Housewife*, *House-*
At home, and children, not gainfully employed,
At home. Care should be taken to rec-
ically the occupations of persons engaged in
ervice for wages, as *Servant*, *Cook*, *House-*
If the occupation has been changed or given
unt of the DISEASE CAUSING DEATH, state oc-
beginning of illness. If retired from busi-
fact may be indicated thus: *Farmer (re-*
s.). For persons who have no occupation
write *None*.

nt of cause of death.—Name, first, the
USING DEATH (the primary affection with re-
me and causation), using always the same
rm for the same disease. Examples: *Cere-*
ever (the only definite synonym is "Epidemic
al meningitis"); *Diphtheria* (avoid use of
Typhoid fever (never report. "Typhoid
'"); *Lobar pneumonia*; *Bronchopneumonia*
ia," unqualified, is indefinite); *Tuberculosis*
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* (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 *septicaemia*," "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 na-
ture 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.)



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.)

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