MARGIN RESERVED FOR BINDING

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 Vernon

Township ~~Center~~

or

Village

or

City Nevada (NO. ..... St. ..... Ward)

Registration District No. 875 File No. 40781

Primary Registration District No. 3039 Registered No. 223

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

FULL NAME Thomas Parsons

PERSONAL AND STATISTICAL PARTICULARS

SEX: M

COLOR OR RACE: White

SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

DATE OF BIRTH: July (Month) 4 (Day), 1866 (Year)

AGE: 44 yrs. 5 mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: Dept. Twship Collector
(b) General nature of industry, business, or establishment in which employed (or employer): No regular work

BIRTHPLACE (City or town, State or foreign country): Monroe Co Mo.

PARENTS

NAME OF FATHER: Jas C Parsons

BIRTHPLACE OF FATHER (City or town, State or foreign country): Kentucky

MAIDEN NAME OF MOTHER: Mary E Purcell

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bettie Underwood

(ADDRESS) Nevada Mo.

Filed Dec 5, 1910. [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Dec 4th (Month) (Day), 1910 (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 1st, 1910, to Dec 3rd, 1910, that I last saw him alive on Dec 3rd, 1910, and that death occurred, on the date stated above, at 5 A m.

The CAUSE OF DEATH* was as follows:

involvement of respiration
Probably of cerebral origin
(Has Potts curvature of spine since childhood)
2 weeks (Duration) — yrs. — mos. — ds.

Contributory (SECONDARY) Unknown

(Duration) — yrs. — mos. — ds.

(Signed) [signature] M. D.

12/4, 1910 (Address) Nevada 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 5 yrs. — mos. — ds. In the State 44 yrs. 5 mos. — ds.

Where was disease contracted if not at place of death? Nevada Mo.

Former or usual residence Nevada Mo.

PLACE OF BURIAL OR REMOVAL: Mount Calvary Nevada Mo

DATE OF BURIAL: 12/5, 1910

UNDERTAKER: H J Wainscott

ADDRESS: Nevada Mo.

;sed United States Standard Certificate of Death

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

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

:ement of cause of death.—Name, first, the
E CAUSING DEATH (the primary affection with re-
to time and causation), using always the same
ed term for the same disease. Examples: *Cere-*
nal fever (the only definite synonym is "Epidemic
ospinal meningitis"); *Diphtheria* (avoid use of
p"); *Typhoid fever* (never report "Typhoid
onia"); *Lobar pneumonia; Bronchopneumonia*
umonia," unqualified, is indefinite); *Tuberculosis*
gs, meninges, peritonaeum, 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 cond.tions, 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 *septichaemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgi al 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.