

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 Saline
Township _____
or
Village _____
or
City Slater

10

Registration District No. 799 File No. 4623
Primary Registration District No. 4479 Registered No. 4
(NO. _____) (St. _____ Ward _____)

FULL NAME Archer Montgomery

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

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Nov 22, 1839
(Month) (Day) (Year)

AGE 71 yrs. 1 mos. 14 ds. if LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work retired merchant
(b) General nature of industry, business, or establishment in which employed (or employer) 41-37 115 137

BIRTHPLACE (City or town, State or foreign country) Hunt Co. Texas

PARENTS
NAME OF FATHER Archibald Montgomery
BIRTHPLACE OF FATHER (City or town, State or foreign country) 6
MAIDEN NAME OF MOTHER 6
BIRTHPLACE OF MOTHER (City or town, State or foreign country) 6

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Hugh Montgomery
(ADDRESS) _____

Filed Jan 7 1916 F. Ashwood
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 6th, 1916, to _____, 1916, that I last saw him alive on Jan 6th, 1916, and that death occurred, on the date stated above, at 11 a. m.

The CAUSE OF DEATH* was as follows:
Dyspnea, accompanied with Chronic bladder trouble with prostatic trouble
about (Duration) 2 yrs. _____ mos. _____ ds.

Contributory Dyspnea (SECONDARY) (Duration) _____ yrs. _____ mos. 2 ds.
(Signed) W. M. Jarvis M. D.
1-6, 1916 (Address) Slater 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 Slater City Cemetery DATE OF BURIAL 1/8 1916
UNDERTAKER Sam Hill & Co ADDRESS Slater Mo

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 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.)



PLACE OF DEATH

County Saline
 Township _____
 or _____
 Village _____
 or _____
 City Slater (NO. _____) St. _____ Ward _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

Registration District No. 799 File No. 4673
 Primary Registration District No. 4479 Registered No. 4

FULL NAME

Archer Montgomery

[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>married</u> <small>(Write the word)</small>
DATE OF BIRTH <u>Nov. 22</u> , 18 <u>99</u> <small>(Month) (Day) (Year)</small>		
AGE <u>71</u> yrs. <u>1</u> mos. <u>14</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE
 (City or town, State or foreign country) Hunt Co. Texas

PARENTS	NAME OF FATHER <u>Archibald Montgomery</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Slater Mo.</u>
	MAIDEN NAME OF MOTHER <u>Quinn</u> X
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Slater Mo.</u> X

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Hugh Montgomery
 (ADDRESS) Slater X

Filed Jan 7 1911 F. C. Howard REGISTRAR X

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 6th, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan. 6th, 1911, to _____, 1911, that I last saw deceased on Jan. 6th, 1911, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows:
La grippe accompanied with chronic bladder trouble and prostatic troubles
 about _____ (Duration) 2 yrs. _____ mos. _____ ds.

Contributory La grippe
 (SECONDARY) (Duration) _____ yrs. _____ mos. 2 ds.
 (Signed) W. M. Jarvis M. D.
Jan 7 1911 (Address) Slater, 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>Slater City Cemetery</u>	DATE OF BURIAL <u>1/8</u> , 19 <u>11</u>
UNDERTAKER <u>Sam Hill & Bros.</u>	ADDRESS <u>Slater, Mo.</u>

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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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.)