

## PLACE OF BIRTH

County ButlerTownship Poplar Bluffor  
Village \_\_\_\_\_or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)Registration District No. 89File No. 5442Primary Registration District No. 5131Registered No. 56FULL NAME John W Smith

[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  married  
WIDOWED OR DIVORCED (If write the word)DATE OF BIRTH about know 1844  
(Month) (Day) (Year)AGE 67 yrs. 6 mos. 7 ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?OCCUPATION Farmer  
(a) Trade, profession, or particular kind of work(b) General nature of industry, business, or establishment in which employed (or employer) 100BIRTHPLACE (City or town, State or foreign country) about knowNAME OF FATHER about knowBIRTHPLACE OF FATHER (City or town, State or foreign country) about knowMAIDEN NAME OF MOTHER about knowBIRTHPLACE OF MOTHER (City or town, State or foreign country) about know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L A Randall(ADDRESS) Poplar BluffFiled Feb 9, 1914, Annis Clarke  
Deputy REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 6, 1914  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Feb 3rd, 1914, to Feb 6th, 1914, that I last saw him alive on Feb 6th, 1914,and that death occurred, on the date stated above, at about know

The CAUSE OF DEATH\* was as follows:

Purpura9.510 7/8(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 6 ds.Contributory heart disease  
(SECONDARY) (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.(Signed) O W Williams M. D.  
Feb 7th 1914 (Address) Poplar Bluff

\*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? 7

If not at place of death?

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL

City Cemetery

DATE OF BURIAL

Feb 9, 1914

UNDERTAKER

Frank L + Co Poplar Bluff

ADDRESS

ma

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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*

MISSOURI ST  
BUREAU  
CERT

PLACE OF DEATH

County \_\_\_\_\_  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX \_\_\_\_\_ COLOR OR RACE \_\_\_\_\_  
SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_  
if LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min. ?

AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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)

NAME OF FATHER \_\_\_\_\_

BIRTHPLACE OF FATHER \_\_\_\_\_  
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER \_\_\_\_\_

BIRTHPLACE OF MOTHER \_\_\_\_\_  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) \_\_\_\_\_

(ADDRESS) \_\_\_\_\_

Filed \_\_\_\_\_ 191\_\_\_\_ REGISTRAR

MEDICAL CERT

DATE OF DEATH \_\_\_\_\_

I HEREBY CERTIFY

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_  
and that death occurred, on \_\_\_\_\_  
The CAUSE OF DEATH\* was \_\_\_\_\_

*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 specify all diseases existing from childbirth or mis-

Contributory (SECONDARY)

(Signed) \_\_\_\_\_ (Duration) \_\_\_\_\_ (Signed) \_\_\_\_\_ (Duration) \_\_\_\_\_ (Age) \_\_\_\_\_

\*State the Disease Causing Death (1) Means of Injury; and (2) whether

LENGTH OF RESIDENCE (FOR PRESENT RESIDENTS)  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_

Where was disease contracted if not at place of death? \_\_\_\_\_ Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMAINS \_\_\_\_\_

UNDERTAKER \_\_\_\_\_