

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

PLACE OF DEATH  
County New Madrid  
Township Dona  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

104  
Registration District No. 605 File No. 7309  
Primary Registration District No. 6804 Registered No. \_\_\_\_\_

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

FULL NAME Harry Hagey

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Feby 25, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Feby 25, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feby 23, 1911, to Feby 25, 1911, that I last saw him alive on Feby 23, 1911, and that death occurred, on the date stated above, at 4 a. m.

AGE 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work \_\_\_\_\_ (b) General nature of industry, business, or establishment in which employed (or employer) 0

Chronic Colitis  
7  
119B  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 to 6 ds.

BIRTHPLACE (City or town, State or foreign country) Malden Mo

Contributory Had one head Measles (SECONDARY) Monetary work cold sisters in broods  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 2 to 5 ds.

NAME OF FATHER Roy Hagey  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Dont know

(Signed) W. H. Morris M. D.  
27 25, 1911 (Address) Malden Mo

MAIDEN NAME OF MOTHER Bettie Hagey  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mississippi Co, Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) R. P. Arnold

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(ADDRESS) Malden Mo.

Where was disease contracted if not at place of death?

Filed 2/25, 1911 REGISTRAR ✓

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

PLACE OF BURIAL OR REMOVAL Mathews Mo. DATE OF BURIAL 2-26, 1911

UNDERTAKER H. L. Craig Malden, Mo. ADDRESS \_\_\_\_\_

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.

# 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.)



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

PLACE OF DEATH  
 County New Madrid  
 Township Coma  
 or  
 Village  
 or  
 City (NO. St. Ward)

Registration District No. 605 File No. 7309  
 Primary Registration District No. 5804 Registered No.

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

FULL NAME Henry Stacey

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Feb. 25, 1911  
 (Month) (Day) (Year)

AGE 1 yrs.  mos.  ds. IF LESS than 1 day,  hrs. or  min.

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) Malden Ms.

PARENTS  
 NAME OF FATHER Roy Stacey  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Dont know  
 MAIDEN NAME OF MOTHER Bertie Stacey  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mississippi Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) R. P. Arnold  
 (ADDRESS) Malden Ms.

Filed 2/25 1911 W. Blackman  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb. 25, 1911  
 (Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Feb. 23, 1911, to Feb. 25, 1911, that I last saw him alive on Feb. 23, 1911, and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH\* was as follows:  
Illis leatitis

(Duration) 4 yrs. 5 mos. 5 ds.  
 Contributory Had one had measles + moved + thereby took cold settling on lungs.  
 (Signed) Jno. W. Morris M. D.  
2/25, 1911 (Address) Malden Ms.

\*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 Martins Ms. DATE OF BURIAL 2-26, 1911

UNDERTAKER W. L. Craig ADDRESS Malden Ms.

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