

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 *see af.*

County *Pike*

Township *Boyle Green*

Village *Boyle Green*

City (NO. _____ St.: _____ Ward)

Registration District No. *684*

File No. *7511*

Primary Registration District No. *4408*

Registered No. *11*

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

FULL NAME *Robt Carroll*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *Black* SINGLE MARRIED *Widowed* WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH *Don't know*
(Month) (Day) (Year)

AGE *about 64* yrs. mos. ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work *Teamster*
(b) General nature of industry, business, or establishment in which employed (or employer) *4-09*

BIRTHPLACE (City or town, State or foreign country) *Pike Co Mo.*

NAME OF FATHER *Don't know*

BIRTHPLACE OF FATHER (City or town, State or foreign country) *Va.*

MAIDEN NAME OF MOTHER *Don't know*

BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Don't know*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *George Furaziler*
(ADDRESS)

Filed *Feb 8* 191*1* *Douglas Halls* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *2-7-1911*
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____ M. D. 191____ (Address) _____

*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 *Boyle Green Mo* DATE OF BURIAL *Feb 8 1911*

UNDERTAKER *J. Armstrong* ADDRESS *Boyle Green*

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*, *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 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.)

HUGH STEPHENS, JEFFERSON CITY.



PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County _____

Township _____

Registration District _____

Charles L. Moore, of Pike County, Missouri, deposes and says that he is the acting Coroner of said County and State and that in the discharge of his duties as such official it became necessary for him to view the dead body of one Robert Carroll, colored, on February 7th, 1911; that he thoroughly investigated the cause of the death of said Carroll and that it appeared from said investigation that the said Carroll was found on the right of way of the St. Louis & Hannibal Railway, within the City limits of Bowling Green, Missouri, in an unconscious condition on Saturday, February 4th, 1911; that he was taken to his home in said City and that he died on Sunday morning, February 5th, 1911, and without medical attendance. It further appears that the undertaker, one J. P. Armstrong, took charge of the body and had partially embalmed same before he made the discovery or was informed that no physician had been in attendance at the death of said deceased.

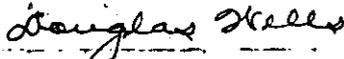
He found from the investigation that he died from a stroke of apoplexy and that he had been subject to slight strokes for years. There appeared no evidence of foul play in the death.

February 7th, 1911..



Coroner.

Filed Feb 7th, 1911.



Local Registrar.

Filed _____

X 191 X

REGISTRAR

UNDERTAKER _____

ADDRESS _____

191

Original file date _____, 19.....

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
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