

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

PLACE OF DEATH

County Newton
Township Neosho
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 609 File No. 18502
Primary Registration District No. 5808 Registered No. 208

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

FULL NAME Charles Goble

PERSONAL AND STATISTICAL PARTICULARS

21 MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OF RACE White SINGLE Married
MARRIED
OR DIVORCED
(Write in words)

DATE OF DEATH April 28, 1911
(Month) (Day) (Year)

DATE OF BIRTH Feb. 8, 1873
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 20, 1911, to April 28, 1911, that I last saw him alive on April 27, 1911, and that death occurred, on the date stated above, at 6 a.m.

AGE 38 yrs. 2 mos. 20 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

THE CAUSE OF DEATH* was as follows:
Septicemia, result of gun shot wounds of small intestines - Homicide

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02

173 (Duration) yrs. 8 mos. 8 ds.
179 Contributory (SECONDARY)

BIRTHPLACE (City or town, State or foreign country) Connersville, Indiana

PARENTS
NAME OF FATHER Samuel Goble
BIRTHPLACE OF FATHER (City or town, State or foreign country) Connersville, Indiana
MAIDEN NAME OF MOTHER Indiana C. Cokew.
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Connersville, Indiana

(Signed) Geo. W. Thorne M.D.
Apr. 29, 1911 (Address) Goodman, Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. H. A. Stevens

* 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 RESIDENCE)
At place of death yrs. 30 mos. 30 ds. In the State yrs. 11 mos. 7 ds.
Where was disease contracted if not at place of death? Goodman, Mo
Former or usual residence Goodman, Mo

(ADDRESS) Indianapolis, Indiana

PLACE OF BURIAL OR REMOVAL Mitchell Cem. Goodman, Mo DATE OF BURIAL Apr. 29, 1911

Filed May 23, 1911 BY D. T. D. S. T. H. C. C. REGISTRAR

UNDERTAKER J. Bigham, C. ADDRESS Neosho, Mo

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.)



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.

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CERTIFICATE OF DEATH**

PLACE OF DEATH
County Newton
Township Neosho or Village _____ or City _____ (NO. _____) St. _____ Ward _____

Registration District No. 609 File No. 18502 A
Primary Registration District No. 4363 Registered No. _____

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

FULL NAME Charles Goble

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Feb'y 3 1873
(Month) (Day) (Year)

AGE 38 yrs 2 mos 25 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE Connersville Indiana
(City or town, State or foreign country)

PARENTS
NAME OF FATHER Samuel Goble
BIRTHPLACE OF FATHER Connersville Indiana
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Indiana E. Eskew
BIRTHPLACE OF MOTHER Everton, Indiana
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. H. H. Stevens
(ADDRESS) Indianapolis, Indiana

Filed, Apr. 29 1911 Geo. St. Thune
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 28 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 20, 1911, to April 28, 1911, that I last saw him alive on April 27, 1911, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Peritonitis, result of gun shot wounds of small intestine - Homicide -
(Duration) ___ yrs. ___ mos. 8 ds.

Contributory (SECONDARY) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) Geo. St. Thune M. D.
Apr. 29 1911 (Address) Goodman, 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. 3 ds. In the State ___ yrs. 11 mos. 7 ds.
Where was disease contracted if not at place of death? Goodman, Mo.
Former or usual residence Goodman, Mo.

PLACE OF BURIAL OR REMOVAL Mitchell Cem. Goodman Mo. DATE OF BURIAL Apr. 29 1911
UNDERTAKER J. J. Bigham Co., Neosho, Mo. ADDRESS _____

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.)

