

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

PLACE OF DEATH

County Taney
Township Branson
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 359 File No. 20081
Primary Registration District No. 6128 Registered No. 1

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

FULL NAME Linnie Casturday

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>June</u> <u>25</u> , 19 <u>11</u> (Month) (Day) (Year)		
AGE <u>10</u> yrs. <u>2</u> mos. <u>2</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?

DATE OF DEATH April 30, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 22, 1911, to April 30, 1911,
that I last saw him alive on April 29, 1911,
and that death occurred, on the date stated above, at 4 P m.

The CAUSE OF DEATH* was as follows:

Pneumonia

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

(Duration) _____ yrs. _____ mos. 9 ds.

BIRTHPLACE
(City or town, State or foreign country) Taney Co Mo

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

PARENTS	NAME OF FATHER <u>Curt Casturday</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Marshall Co Ind.</u>
	MAIDEN NAME OF MOTHER <u>Wara Mead</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Arkansas.</u>

(Signed) J W Floyd M. D.
May 18, 1911 (Address) Branson 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Madissa Mead
(ADDRESS) Branson Mo.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Branson Mo.

_____ 1911

UNDERTAKER

ADDRESS

Filed May 10, 1911, A M Irwin
REGISTRAR

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.)



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 DEATHCounty JaneyTownship BransonRegistration District No. 859File No. 20087

Village _____

Primary Registration District No. 6128Registered No. 1

City _____ (NO. _____)

St. _____ Ward _____

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

FULL NAME

Jimmie Easterday

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (If wife, the word)DATE OF BIRTH June 28, 1910
(Month) (Day) (Year)AGE 10 yrs. 2 mos. 2 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) Janey Co. Mo.PARENTS NAME OF FATHER Curt Easterday BIRTHPLACE OF FATHER (City or town, State or foreign country) Madison Co. Ind. MAIDEN NAME OF MOTHER Goya Mead BIRTHPLACE OF MOTHER (City or town, State or foreign country) ArkansasTHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Malissa Mead (ADDRESS) Branson MoFiled 10 1911 R. M. Irwin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 30, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from April 22, 1911, to April 30, 1911, that I last saw him alive on April 29, 1911, and that death occurred, on the date stated above, at 4 P. m.The CAUSE OF DEATH* was as follows: Pneumonia
(Duration) _____ yrs. _____ mos. 9 ds.

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

(Signed) G. W. Gloyd M. D. May 10, 1911 (Address) Branson 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 Branson Mo. DATE OF BURIAL May 1, 1911UNDERTAKER None ADDRESS BransonOriginal file, date 10 1911

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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