

## PLACE OF DEATH

County WorthTownship Union

Village \_\_\_\_\_

City \_\_\_\_\_

(NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward)

FULL NAME

Mark WoodardMISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 904File No. 27228Primary Registration District No. 6215Registered No. 8

[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

WhiteSINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)Married

DATE OF BIRTH

May 221891

AGE

22 yrs. 3 mos. 6 ds.If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

Mason

(b) General nature of industry, business, or establishment in which employed (or employer)

Geo. C. Co.

BIRTHPLACE

(City or town, State or foreign country)

Bear Town Vermont

PARENTS

NAME OF FATHER

X

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Unknown

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

X

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

R. B. Ballan

(ADDRESS)

Shendan Mo

Filed

July 29, 1911E. C. Kerbitt

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

July 281911I HEREBY CERTIFY, that I attended deceased from July 15, 1911, to July 28, 1911, that I last saw him alive on July 22, 1911, and that death occurred, on the date stated above, at 1:15 p.m.

The CAUSE OF DEATH\* was as follows:

Acute Poisoning  
137  
1325 E. 17th(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 13 ds.

Contributory

(SECONDARY)

prostate(Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed)

D. J. Hunterman

M. D.

July 29, 1911(Address) Parrell 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

Bedford Pa

DATE OF BURIAL

1911

UNDERTAKER

N. Long

ADDRESS

X

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, peritonaei*, 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.)



EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

## 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 Worth  
Township Union  
or  
Village  
or  
City (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. 904 File No. \_\_\_\_\_  
Primary Registration District No. 6215 Registered No. 8

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

FULL NAME

Mark Woodward

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX mal COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED marrried (Write the word)  
DATE OF BIRTH May 22, 1834 (Month) (Day) (Year)  
AGE 77 yrs. 2 mos. 6 ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.DATE OF DEATH July 28, 1911 (Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from July 15, 1911, to July 28, 1911, that I last saw him alive on July 22, 1911, and that death occurred, on the date stated above, at 12:45 P. m.

The CAUSE OF DEATH\* was as follows:

Uremic PoisoningOCCUPATION (a) Trade, profession, or particular kind of work Mason  
(b) General nature of industry, business, or establishment in which employed (or employer) Laying bricksBIRTHPLACE (City or town, State or foreign country) Bear River VermontPARENTS  
NAME OF FATHER Unknown X  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown  
MAIDEN NAME OF MOTHER Unknown  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown X(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. 13 ds.  
Contributory hypertrophy of prostate (SECONDARY) (Duration) 2 yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) D. J. Hunterson M. D.  
July 29, 1911 (Address) Parnell 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 Bedford Ia DATE OF BURIAL July 29, 1911  
UNDERTAKER N. Long ADDRESS Sheridan mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. C. Ballow  
(ADDRESS) Sheridan Mo.Filed July 29, 1911 E. P. Nesbitt REGISTRAROriginal file, date July 29, 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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*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.)

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