

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
County Wright
Township _____
or _____
Village Manassfield
or _____
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 907 File No. 30524
Primary Registration District No. 4548 Registered No. 27

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

FULL NAME Ralph Wade Carter

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>single</u> (Write the word)
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DATE OF BIRTH Jan 20, 1905
(Month) (Day) (Year)

AGE 6 yrs. 7 mos. 7 ds. IF LESS than: 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Manassfield

NAME OF FATHER Simon Carter

BIRTHPLACE OF FATHER (City or town, State or foreign country) Webster Co. Mo.

MAIDEN NAME OF MOTHER Anna King

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Manassfield

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Simon Carter
(ADDRESS) Manassfield

Filed Aug 28, 1911 J. A. Fuson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 27, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 20, 1911, to Aug 27, 1911, that I last saw him alive on Aug 27, 1911, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:
18 months

6' 6 1/2"
(Duration) _____ yrs. _____ mos. 15 ds.

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

(Signed) J. A. Fuson M. D.
Aug 28, 1911 (Address) Manassfield

*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 Manassfield Cem. DATE OF BURIAL Aug 29, 1911

UNDERTAKER W. B. Fully ADDRESS Manassfield

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

County

Wright

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

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

Township

or

Village

or

City

Mansfield

Registration District No.

907

File No.

Primary Registration District No.

4548

Registered No.

27

(NO.

St.

Ward)

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

FULL NAME

Ralph Wade Carter

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

male

white

single

DATE OF DEATH

Aug. 27

(Month)

(Day)

1911 (Year)

DATE OF BIRTH

Jan. 20

(Month)

(Day)

1905 (Year)

AGE

6 yrs. 7 mos. 7 ds.

If LESS than
1 day, hrs.
or min.

I HEREBY CERTIFY, that I attended deceased from

Aug. 20

1911, to

Aug. 27, 1911,

that I last saw him alive on

Aug. 27, 1911,

and that death occurred, on the date stated above, at 10:30 p.

The CAUSE OF DEATH* was as follows:

Cerebro spinal fever

OCCUPATION

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

none

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

BIRTHPLACE

(City or town,

State or foreign country)

Mansfield, Webster Co

Contributory

(SECONDARY)

(Duration)

yrs.

mos.

15 ds.

(Signed)

J. A. Fuson

M. D.

Aug. 28, 1911

(Address)

Mansfield

*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

Mansfield

DATE OF BURIAL

Aug. 28, 1911

UNDERTAKER

W. B. Fullerton

ADDRESS

Mansfield

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Simon Carter

(ADDRESS)

Mansfield

Filed

10-6

1911

J. A. Fuson

REGISTRAR

Original file, date

19.....

All information called for must be written on this Supplementary Certificate.

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]

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