

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33425-~~33425~~

PLACE OF DEATH  
County Stoddard  
Township Pike  
or  
Village  
or  
City (NO. \_\_\_\_\_)

Registration District No. 834  
Primary Registration District No. 4401  
Registered No. 29  
St. \_\_\_\_\_ Ward 9

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

FULL NAME W. Roy Prother

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH Nov 17, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Apr 15, 1890  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 26, 1911, to Nov 17, 1911, that I last saw him alive on Nov 17, 1911, and that death occurred, on the date stated above, at 9 P. M.

AGE 21 yrs. 5 mos. 2 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:  
Typhoid Fever

OCCUPATION (a) Trade, profession, or particular kind of work Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer) Gen. Mdr

BIRTHPLACE (City or town, State or foreign country) Vandalia Ill

PARENTS  
NAME OF FATHER J. W. Prother  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mulberry Grove Ill  
MAIDEN NAME OF MOTHER Jennie Stewart  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Vandalia Ill

Contributory (SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) Chas Moore M. D.  
(Address) Adoance 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) Mrs J. L. Prother  
(ADDRESS) Adoance Mo

PLACE OF BURIAL OR REMOVAL Bope Heros deau Mo DATE OF BURIAL 9/19 1911  
UNDERTAKER E. L. Patten ADDRESS Adoance Mo

Filed 9/18 1911 Chas Moore 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 septichaemia," "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.)

STATEMENT OF OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

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CERTIFICATE OF DEATH

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

PLACE OF DEATH  
County Stoddard  
Township Pike  
or  
Village  
or  
City (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. 834 File No. \_\_\_\_\_  
Primary Registration District No. 6097a Registered No. 29

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

FULL NAME W. Ray Prother

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married  
OR WIDOWED OR DIVORCED  
(Write the word)  
DATE OF BIRTH Apr. 15, 1890  
(Month) (Day) (Year)  
AGE 21 yrs. 5 mos. 2 ds.  
If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION  
(a) Trade, profession, or  
particular kind of work Merchant  
(b) General nature of industry,  
business, or establishment in  
which employed (or employer) Gen. M<sup>rs</sup>

BIRTHPLACE  
(City or town,  
State or foreign country) Vandalia Ill.

PARENTS  
NAME OF FATHER J. N. Prother  
BIRTHPLACE OF FATHER Mild Perry Grove Ill.  
(City or town, State or foreign country)  
MAIDEN NAME OF MOTHER Levina Stewart  
BIRTHPLACE OF MOTHER Vandalia Ill.  
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. J. N. Prother  
(ADDRESS) Advance Mo.

Filed Oct 17, 1911 Registrar E. L. Potter

Original file, date Oct 17, 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 17, 1911  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from  
Sept 26, 1911, to Oct 17, 1911,  
that I last saw him alive on Oct 17, 1911,  
and that death occurred, on the date stated above, at 9 P m.

The CAUSE OF DEATH\* was as follows:  
Typhoid fever  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory  
(SECONDARY)  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) Chas. Moore M. D.  
Oct 17, 1911 (Address) Advance Mo.

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Where was disease contracted  
if not at place of death?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Cape Girardeau DATE OF BURIAL Oct 18, 1911  
UNDERTAKER E. L. Potter ADDRESS Advance

All information called for must be furnished

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