

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

PLACE OF DEATH

County Callaway Co Mo
Township Fulton
or
Village Fulton
or
City Fulton (NO. _____) St. _____ Ward _____

Registration District No. 104 File No. 3717LB
Primary Registration District No. 3183 Registered No. 193

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

FULL NAME Charles Euell Ross

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH Sept 6th 1911 (Month) 7 (Day) 1 (Year)
AGE 2 yrs. 14 mos. 14 ds. IF LESS than 1 day _____ hrs. or _____ min.?

DATE OF DEATH Nov 20 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 20 1911 to Nov 20 1911,
that I last saw him alive on Nov 20 1911,
and that death occurred, on the date stated above, at 9 a.m.
The CAUSE OF DEATH* was as follows:

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

Inanition
15 (Duration) 2 yrs. 2 mos. 0 ds.

BIRTHPLACE (City or town, State or foreign country) Fulton Missouri
NAME OF FATHER Charles H Ross
BIRTHPLACE OF FATHER (City or town, State or foreign country) Callaway Co Mo
MAIDEN NAME OF MOTHER Rose E. Small
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Callaway Co

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) R. H. Dew M. D.
11-20 1911 (Address) Fulton Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. H. Ross
(ADDRESS) Fulton Mo.

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 _____

Filed Nov 30 1911 [Signature] REGISTRAR

PLACE OF BURIAL OR REMOVAL Fulton Mo DATE OF BURIAL Nov 21 1911
UNDERTAKER Geo W. Morrison ADDRESS Fulton 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.)



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

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Callaway
Township Fulton
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 104 File No. _____
Primary Registration District No. 5153 Registered No. 193

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

FULL NAME Chester Euell Ross

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED U
(Write the word)

DATE OF BIRTH 9-6, 1911
(Month) (Day) (Year)

AGE 2 yrs. 14 mos. 14 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) Fulton

PARENTS NAME OF FATHER C. H. Ross
BIRTHPLACE OF FATHER (City or town, State or foreign country) Callaway Co.
MAIDEN NAME OF MOTHER Rebecca E. Small
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Callaway Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. H. Ross
(ADDRESS) Fulton

Filed 11/29 X 1911 C. H. Ross REGISTRAR

Original file, date NOV 29 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 11-28, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,
that I last saw him alive on 11-28, 1911,
and that death occurred, on the date stated above, at 9 a.m.
The CAUSE OF DEATH* was as follows:
Don't know X

Contributory (SECONDARY) _____
(Duration) about 2 yrs. _____ mos. _____ ds.

(Signed) R. N. Crum M. D. X
11/29 1911 (Address) Fulton

*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 Fulton DATE OF BURIAL 11-29, 1911

UNDERTAKER St. Morrim ADDRESS Fulton

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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