

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 Ward or Warren Bureau Registration District No. 7 File No. 40341  
Village \_\_\_\_\_ Primary Registration District No. 6219 Registered No. 48  
City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME not named

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Boy COLOR OR RACE White SINGLE Infant MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_ OR DIVORCED \_\_\_\_\_ (Write the word)  
DATE OF BIRTH October 5, 1911  
AGE 3 days IF LESS than 1 day hrs. or min.?  
OCCUPATION (a) Trade, profession, or particular kind of work Infant (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

DATE OF DEATH October 8, 1911  
I HEREBY CERTIFY, that I attended deceased from 10-5, 1911, to 10-5, 1911, that I last saw him alive on an Oct 5, 1911, and that death occurred, on the date stated above, at 10 A.M.  
The CAUSE OF DEATH\* was as follows:  
Borned weak by cause of ears and deranged the nourishment from mother had no flesh on  
(Duration) 1 yrs. 0 mos. 36 ds.

BIRTHPLACE (City or town, State or foreign country) Warren Bureau Id. Mo  
PARENTS: NAME OF FATHER Clayton O. Purcell BIRTHPLACE OF FATHER Linnington Co Mo MAIDEN NAME OF MOTHER Marthy A Powers BIRTHPLACE OF MOTHER Wright Co Mo

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) O. L. Benson M. D.  
\_\_\_\_\_, 1911. (Address) \_\_\_\_\_  
\*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) Clayton O. Purcell (ADDRESS) Bureau 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 8, 1911 James M. [Signature] REGISTRAR

PLACE OF BURIAL OR REMOVAL Boahman Society DATE OF BURIAL 10-8, 1911  
UNDERTAKER Truvel ADDRESS \_\_\_\_\_

# 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.)



Exact statement of OCCUPATION is very important.

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CERTIFICATE OF DEATH

PLACE OF DEATH

County Wright  
Township Van Buren  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 906 File No. 40341  
Primary Registration District No. 6219 Registered No. 48

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

FULL NAME not named.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Boy COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Infant.

DATE OF DEATH October 8, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Oct. 5, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 5, 1911, to Oct-5, 1911,  
that I last saw it alive on 5, 1911,  
and that death occurred, on the date stated above, at 10 a. m.

AGE 3 days. If LESS than 1 day, 12 hrs. or min.?  
\_\_\_\_\_ yrs. \_\_\_\_\_ mos. 36 ds.

The CAUSE OF DEATH\* was as follows:  
Born weak by cause 2 cords and deranged the nourishment from mother - had no flesh on.  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 36 ds.

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

BIRTHPLACE (City or town, State or foreign country) Van Buren Sp. Mo.

NAME OF FATHER Clayton O. Purcell.

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

MAIDEN NAME OF MOTHER Mary A. Powers

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Wright Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Clayton O. Purcell.

(ADDRESS) Dawson Mo.

Filed Nov 8 1911 J. M. Lewis REGISTRAR

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) D. L. Benson M. D.  
Oct-9 1911 (Address) Dawson 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 \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Boatman Cem. DATE OF BURIAL 10-8 1911

UNDERTAKER Friends ADDRESS \_\_\_\_\_

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