

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

PLACE OF DEATH
County St Clair
Township Osceola
or
Village Osceola
or
City _____ (NO. _____ St. _____ Ward)

Registration District No. 765 File No. 8 42501
Primary Registration District No. 4460 Registered No. _____

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

FULL NAME Alfred Burton

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>Colord</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>Dec 17th</u> , 191 <u>1</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>About</u> , 18 <u>43</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Dec 9th</u> , 191 <u>1</u> , to <u>Dec 17th</u> , 191 <u>1</u> , that I last saw him alive on <u>Dec 17th</u> , 191 <u>1</u> , and that death occurred, on the date stated above, at <u>9³⁰ AM</u>	
AGE <u>About 68</u> yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>Inaction of Heart & Lungs</u> <u>superinduced by stomach trouble</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farming</u>			Contributory <u>Hernia</u> (SECONDARY) (Duration) <u>one</u> yrs. _____ mos. _____ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>State of Texas</u>			(Signed) <u>W. B. Pizary</u> M. D. <u>Dec 17</u> , 191 <u>1</u> (Address) <u>Osceola Mo</u>	
PARENTS	NAME OF FATHER <u>Dont Know</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Dont Know</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	MAIDEN NAME OF MOTHER <u>Dont Know</u>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dont Know</u>		Where was disease contracted If not at place of death? _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. P. Hostetter</u> (ADDRESS) <u>Osceola Mo</u> Former or usual residence _____				
Filed <u>12-18</u> , 191 <u>1</u> , <u>R. Seewers</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Osceola Mo</u> UNDERTAKER <u>L. C. Gove</u>	
			DATE OF BURIAL <u>Dec 19</u> , 191 <u>1</u> ADDRESS <u>Osceola Mo</u>	

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*, *peritonacum*, 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.)



County St. Clair

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

CERTIFICATE OF DEATH

Township _____
or
Village _____
or
City Osceola (NO. _____ St. _____ Ward)

Registration District No. 765 File No. _____
Primary Registration District No. 4460 Registered No. 36

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

FULL NAME Alfred Burton

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE colored SINGLE MARRIED WIDOWED OR DIVORCED married
(If write the word)

DATE OF BIRTH About 1843
(Month) (Day) (Year)

AGE about 68 yrs. mos. ds. IF LESS than 1 day, hrs. or min.?

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

BIRTHPLACE (City or town, State or foreign country) State of Texas

PARENTS
NAME OF FATHER Don't know
BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know
MAIDEN NAME OF MOTHER Don't know
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. P. Hostetter
(ADDRESS) Osceola Mo.

Filed 2-7 1912 Ruth Seeverst
REGISTRAR

Original file, date 18 1911

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 17, 1911, to Dec. 17, 1911, that I last saw him alive on Dec. 17, 1911, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* was as follows:
lesion of Stomach & involvement Liver & Spleen
(Copy Cause of Stomach involvement liver and spleen)
yrs. mos. ds.

Contributory Hernia
(SECONDARY) (Duration) some yrs. mos. ds.
(Signed) W. B. P. [Signature] M. D.
Dec. 17, 1911 (Address) Osceola 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 Osceola, Mo. DATE OF BURIAL Dec. 19, 1911
UNDERTAKER L. E. Gover ADDRESS Osceola, Mo.

Revised United States Standard Certificate of Death

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

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42501
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