

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

PLACE OF DEATH

County Texas
Township Jackson
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 866 File No. 43715
Primary Registration District No. 6145 Registered No. 9

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

FULL NAME Ellert Barlog

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Feb 27 1910
(Month) (Day) (Year)

AGE 1 yrs. 9 mos. 5 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) none

BIRTHPLACE (City or town, State or foreign country) Oscar Mo

PARENTS NAME OF FATHER Earnest Belega
BIRTHPLACE OF FATHER (City or town, State or foreign country) Oscar Mo
MAIDEN NAME OF MOTHER Ida Martin
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Oscar Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas. Warlow
(ADDRESS) Oscar Mo

Filed 12/5/1911 R C Haggard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 5, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from November 10, 1911, to December 5, 1911, that I last saw him alive on Nov 18, 1911, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH was as follows:
Bur
161 141
(Duration) ____ yrs. ____ mos. 25 ds.

Contributory (SECONDARY) none
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) Dr O. McBride M. D. 12/5/1911 (Address) Oscar 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 1 yrs. 9 mos. 5 ds. In the State 9 yrs. 9 mos. 5 ds.
Where was disease contracted if not at place of death? at place of death
Former or usual residence none

PLACE OF BURIAL OR REMOVAL McMahone Cemetery DATE OF BURIAL 12/6/1911

UNDERTAKER E Steward ADDRESS Raymondville Mo

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*, *Composer*, *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.)

HUGH STEPHENS, JEFFERSON CITY.



PLACE OF DEATH

County Texas
 Township Jackson
 or
 Village
 or
 City (NO. _____ St. _____ Ward _____)

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

Registration District No. 866 File No. 43715
 Primary Registration District No. 6145 Registered No. 9

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

FULL NAME

Elbert Beasley

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Feb. 27, 1910
 (Month) (Day) (Year)

AGE 1 yrs. 9 mos. 5 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) Oscar, Mo.

PARENTS

NAME OF FATHER Earnest Beasley

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

MAIDEN NAME OF MOTHER Ag. Martin

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Chas. Worlow

(ADDRESS) Oscar, Mo.

Filed 12/31 1911 R. C. Haggard REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 5, 1911
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 10, 1911, to Dec. 5, 1911, that I last saw him alive on Nov. 18, 1911, and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:
Burn, by clothing catching accidentally.

(Duration) ___ yrs. ___ mos. 20 ds.

Contributory (SECONDARY) none

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) O. McBride M. D. 12/5 1911 (Address) Oscar, 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 1 yrs. 9 mos. 5 ds. State 1 yrs. 9 mos. 5 ds.

Where was disease contracted if not at place of death? at Place of death

Former or usual residence none

PLACE OF BURIAL OR REMOVAL McMahan Cemetery DATE OF BURIAL 12/6 1911

UNDERTAKER L. Steward ADDRESS Raymondville, Mo.

Original file, date DEC 1911 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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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.)