

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.

WITH A BRINKLE; WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH

County Butter
Township Ash Hill
or
Village _____
or
City _____ (NO. _____ St.: _____ Ward)

Registration District No. 90 File No. 384
Primary Registration District No. 5734A Registered No. 23

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

FULL NAME Elbert Otto Hill

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|--|---|
| SEX <u>male</u> | COLOR OR RACE <u>white</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>single</u> |
| DATE OF BIRTH <u>Dec 3</u> , 191 <u>1</u> (Month) (Day) (Year) | | |
| AGE _____ yrs. _____ mos. <u>27</u> 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) <u>Hunt MO.</u> | | |
| PARENTS | NAME OF FATHER <u>Silas Hill</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Hunt MO</u> | |
| | MAIDEN NAME OF MOTHER <u>Bertie Phillip</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Quinn MO</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 30, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 27, 1911, to Dec 29, 1911, that I last saw him alive on Dec 29, 1911, and that death occurred, on the date stated above, at 2 P.m. The CAUSE OF DEATH* was as follows:
Pneumonia
107H

(Duration) _____ yrs. _____ mos. 3 ds.

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

(Signed) A. Crump M. D.
(Address) Hunt 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) J. F. Alexander
(ADDRESS) Hunt MO
Filed Jan 6, 1912, A. Crump REGISTRAR

| | |
|--|---|
| PLACE OF BURIAL OR REMOVAL <u>Valley Cemetery</u> | DATE OF BURIAL <u>12-31</u> , 191 <u>1</u> |
| UNDERTAKER <u>Henry Phillips</u> | ADDRESS <u>Hunt 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, 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.)



CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Butler
Township Ash Hill
Village _____
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. 90 File No. 334
Primary Registration District No. 5134A Registered No. 23

FULL NAME

Elbert Otto Hill

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

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|-------------------------------|---|
| SEX <u>male</u> | COLOR OR RACE <u>white</u> | SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>single</u> |
| DATE OF BIRTH <u>Dec. 3rd</u> , 19 <u>11</u> (Month) (Day) (Year) | | |
| AGE _____ yrs. _____ mos. <u>27</u> ds. or _____ hrs. _____ 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) <u>Stunt Mo.</u> | | |

| | |
|---------|---|
| PARENTS | NAME OF FATHER <u>Silas Hill</u> |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Anderson Co. Tenn</u> |
| | MAIDEN NAME OF MOTHER <u>Yetta Phillips</u> |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dunklin Co. Mo.</u> |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. F. Alexander
(ADDRESS) Stunt Mo.

Filed Jan 6, 1912, A. Crump, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 27, 1911, to Dec. 29, 1911,
that I last saw him alive on _____, 1911,
and that death occurred, on the date stated above, at 2 P. m.
The CAUSE OF DEATH* was as follows:
Pneumonia
Brachio Pneumonia

(Duration) _____ yrs. _____ mos. 5 ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) A. Crump M. D.
Dec. 30, 1911. (Address) Stunt 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 <u>Vale Cemetery</u> | DATE OF BURIAL <u>12-31</u> , 19 <u>11</u> |
| UNDERTAKER <u>Henry Phillips</u> | ADDRESS <u>Stunt Mo.</u> |

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.)