

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.

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

PLACE OF DEATH
County Miller
Township Franklin
or
Village
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 1041 File No. 1989
Primary Registration District No. 5756 Registered No. _____

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

FULL NAME Cyrus Barnard

| PERSONAL AND STATISTICAL PARTICULARS | | | |
|--|---|--|--|
| SEX <u>Male</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widowed</u> | |
| DATE OF BIRTH <u>Dec</u> <u>19</u> <u>1857</u> (Month) (Day) (Year) | | | |
| AGE <u>59</u> yrs. <u>1</u> mos. <u>ds.</u> | | If LESS than 1 day, _____ hrs. or _____ min.? | |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Labour</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Tann work</u> | | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Ohio 1-02</u> | | | |
| PARENTS | NAME OF FATHER <u>Darius Barnard</u> | | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Not Known</u> | | |
| | MAIDEN NAME OF MOTHER <u>Not Known</u> | | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Not Known</u> | | |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>George Barnard</u> (ADDRESS) <u>Aurora Springs</u> | | | |
| Filed _____ 191 _____ REGISTRAR | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|---|--|
| DATE OF DEATH <u>Jan 19</u> 191 <u>2</u> (Month) (Day) (Year) | |
| I HEREBY CERTIFY, that I attended deceased from <u>Jan 14</u> , 191 <u>2</u> , to <u>Jan 19</u> , 191 <u>2</u> , that I last saw him alive on <u>Jan 18</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>3⁴⁵</u> A.M. | |
| The CAUSE OF DEATH* was as follows: <u>Pneumonia</u> <u>108</u> <u>AV</u> | |
| (Duration) _____ yrs. _____ mos. <u>7</u> ds. | |
| Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds. | |
| (Signed) <u>E. C. Shelton</u> M. D. (Address) <u>Elton, Mo</u> | |
| *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>Dooly Cemetery</u> | DATE OF BURIAL <u>1-20</u> 191 <u>2</u> |
| UNDERTAKER <u>W. A. Phillips</u> | ADDRESS <u>Elton</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.)



PLACE OF DEATH

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

County Miller Registration District No. 1041 File No. _____
 Township Franklin Primary Registration District No. 5756 Registered No. _____
 or _____
 Village _____
 or _____
 City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME

Cyrus Barnerd

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Dec 19 85-2
 (Month) (Day) (Year)

AGE 59 yrs. 1 mos. ds. If LESS than 1 day, hrs. or min.

OCCUPATION
 (a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

farm work

BIRTHPLACE
 (City or town, State or foreign country)

Ohio

NAME OF FATHER David Barnerd

BIRTHPLACE OF FATHER Not known

MAIDEN NAME OF MOTHER Not known

BIRTHPLACE OF MOTHER Not known

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Barnerd(ADDRESS) Aurora SpringsFiled March 8 1912 R. F. White

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 19 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 14 1912 to Jan 19 1912

that I last saw him alive on Jan 18 1912 and that death occurred, on the date stated above, at 3 PM m.

The CAUSE OF DEATH* was as follows:

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

Contributory

(SECONDARY)

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

(Signed) X E. C. Shelton M. D.(Address) 3/30 101.2 Eldon 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 _____

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Doyle Cem 1-20 1912

UNDERTAKER

ADDRESS

W A Phillips Eldon MoOriginal file, date Mar 25 1912

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.)

1989
1961