

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

PLACE OF DEATH

County Miller
Township Glaise
or
Village Brunley
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 563 File No. 2001
Primary Registration District No. 5761 Registered No. 3

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

FULL NAME George Martial Haddock

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Dec 24, 1909
(Month) (Day) (Year)

AGE 3 yrs. 2 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) 0

BIRTHPLACE (City or town, State or foreign country) Miller Co. Mo

PARENTS
NAME OF FATHER J. M. Haddock
BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown
MAIDEN NAME OF MOTHER Emaline Philips
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Miller Co. Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. M. Philips
(ADDRESS) Brunley, Mo.

Filed Jan. 29, 1912 G. M. Dumas REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 28, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 25, 1912, to Jan 25, 1912, that I last saw him alive on Jan 25, 1912, and that death occurred, on the date stated above, at 7:15 m. The CAUSE OF DEATH* was as follows:

Brain Dysentery
13C
(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) G. Jackson M. D. Jan 29, 1912 (Address) Brunley, 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 Robinet Cem. DATE OF BURIAL Jan. 30, 1912

UNDERTAKER H. P. Holroyd ADDRESS Brunley Mo.

United States Standard Certificate of Death

United States Standard Certificate of Death

U. S. Census and American Public Health Association

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 line will be sufficient, e. g., *Farmer* or *Planter*, *Visitor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many instances the kind of work and also (b) the business or industry, and therefore an occupation should be provided for the latter statement; it is necessary only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (b) *Automobile factory*. The material form part of the second statement. "Laborer," "Foreman," "Manager," without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. For persons who are engaged in the duties of the (not paid *Housekeepers* who receive a salary) may be entered as *Housewife*, *Housewife*, and children, not gainfully employed, *At home*. Care should be taken to state the occupations of persons engaged in the occupation for wages, as *Servant*, *Cook*, *Housewife*. If the occupation has been changed or given of the DISEASE CAUSING DEATH, state occasion of illness. If retired from business may be indicated thus: *Farmer (retired)*. For persons who have no occupation state *None*.

cause of death.—Name, first, the cause of DEATH (the primary affection with remote causation), using always the same word or the same disease. Examples: *Cerebrum* (the only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of (name origin; less definite; avoid use of "Tumor" for neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Myocardial infarction* (secondary), *10 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptomatic conditions, such as "Asthenia," (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Secondary"), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Uraemia," "Weakness," etc., when a definite cause can be ascertained as the cause. Always state the State cause for which surgical operation was taken. For VIOLENT DEATHS state MEANS OF DEATH which qualify as ACCIDENTAL, SUICIDAL, or HOMIC, if possible, to determine the nature of the injury, as fracture of skull, etc. Examples: *Accidental drowning*; *Struck by train—accident*; *Revolver wound of head*; *Poisoned by carbolic acid—probably suicide*. Sequences (e. g., *sepsis*, *tetanus*) may be stated in the head of "Contributory." (Recommendation of cause of death approved by Council on Nomenclature of the American Medical 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*, *Visitor*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many instances the kind of work and also (b) the business or industry, and therefore an occupation should be provided for the latter statement; it is necessary only when needed. As examples: (a) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (b) *Automobile factory*. The material form part of the second statement. "Laborer," "Foreman," "Manager," without more precise specification, as *Farm laborer*, *Laborer—Coal mine*, etc. For persons who are engaged in the duties of the (not paid *Housekeepers* who receive a salary) may be entered as *Housewife*, *Housewife*, and children, not gainfully employed, *At home*. Care should be taken to state the occupations of persons engaged in the occupation for wages, as *Servant*, *Cook*, *Housewife*. If the occupation has been changed or given of the DISEASE CAUSING DEATH, state occasion of illness. If retired from business may be indicated thus: *Farmer (retired)*. For persons who have no occupation state *None*.

