

PLACE OF DEATH

County Pike

Township _____

or

Village _____

or

City Clarksville (NO. _____)MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 685File No. 2310Primary Registration District No. 4409Registered No. 53

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

FULL NAME Mr Nick Parker

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male COLOR OR RACE white SINGLE MARRIED married
WIDOWED OR DIVORCED
(Write the word)DATE OF BIRTH Jan 4, 1841
(Month) (Day) (Year)AGE 70 IF LESS than
1 day, ___ hrs.
or ___ min.?
yrs. 11 mos. 15 ds.OCCUPATION
(a) Trade, profession, or particular kind of work Brick Layer
(b) General nature of industry, business, or establishment in which employed (or employer) contractorBIRTHPLACE
(City or town, State or foreign country) GermanyPARENTS
NAME OF FATHER Vanverment ParkerBIRTHPLACE OF FATHER
(City or town, State or foreign country) GermanyMAIDEN NAME OF MOTHER Don't knowBIRTHPLACE OF MOTHER
(City or town, State or foreign country) Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Parker(ADDRESS) 2719 Baylon St.
St LouisFiled Jan 1, 1911, 24 W Broadway

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 23rd, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Dec 19, 1911, to Dec 23, 1911, that I last saw him alive on Dec 28, 1911, and that death occurred, on the date stated above, at 1 P. m. The CAUSE OF DEATH* was as follows:Pneumonia
9217
10/11 (Duration) ___ yrs. ___ mos. 8 ds.Contributory Valvular Heart Disease
(SECONDARY) (Duration) 2 yrs. ___ mos. ___ ds.(Signed) John Bartlett M. D.
Dec 24, 1911 (Address) Clarksville

*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 Clarksville DATE OF BURIAL 12/24, 1911UNDERTAKER McPurcan ADDRESS Clarksville

THIS IS A PERMANENT RECORD

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.

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, peritonaeum*, 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

County PikeTownship _____
or _____Village _____
or _____City Clarksville (NO. _____)REGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 685 File No. 2310Primary Registration District No. 4409 Registered No. 53

St. _____ Ward _____

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

FULL NAME

Nick Parker

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word) marriedDATE OF BIRTH Jan. 8, 1841
(Month) (Day) (Year)AGE 70 yrs. 11 mos. 15 ds.
If LESS than
1 day, _____ hrs.
or _____ min.OCCUPATION
(a) Trade, profession, or
particular kind of work Brick layer
(b) General nature of industry,
business, or establishment in
which employed (or employer) contractorBIRTHPLACE
(City or town, State or foreign country) GermanyPARENTS
NAME OF FATHER Vanvornah Parker
BIRTHPLACE OF FATHER
(City or town, State or foreign country) Germany
MAIDEN NAME OF MOTHER Dont know
BIRTHPLACE OF MOTHER
(City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Edward Parker(ADDRESS) 2719 Dayton St.Filed Dec 24 1911 W. W. Readway
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 23, 1911
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from
Dec. 19, 1911, to Dec. 23, 1911,that I last saw him alive on _____, 1911,
and that death occurred, on the date stated above, at 10 P. m.The CAUSE OF DEATH* was as follows:
Pneumonia(Duration) _____ yrs. _____ mos. 8 ds.Contributory Valvular Heart Disease
(SECONDARY)(Duration) 2 yrs. _____ mos. _____ ds.(Signed) John Bartlett M. D.Dec. 24, 1911 (Address) Clarksville*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 Clarksville DATE OF BURIAL 12/24, 1911UNDERTAKER Mc Duncan ADDRESS ClarksvilleOriginal file, date 1/1, 1912 All information called for must be written on this Supplementary Certificate.

WRITE PLAINLY WITH INK. WRITING IN RED INK IS NOT ACCEPTED. Every item should be carefully spelled. 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.

SUPPLEMENTARY

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.)