

WRITE PLAINLY, WITH UNFADING INK—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.

PLACE OF DEATH <i>Park</i>		MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
County	<i>Benton</i>	Registration District No. <i>705</i>	File No. <i>2357</i>
Township or Village		Primary Registration District No. <i>3934</i>	Registered No. <i>2</i>
City	(NO. _____ St. _____ Ward _____)	(If death occurred in a hospital or institution, give its NAME instead of street and number)	
FULL NAME <i>Claude Andrew Gaddy</i>			

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <i>Male</i>	COLOR OR RACE <i>White</i>	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <i>Single</i>	DATE OF DEATH <i>January 14th</i> , 191 <i>2</i> (Month) (Day) (Year)	
DATE OF BIRTH <i>January 22d</i> , 191 <i>2</i> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,	
AGE ____ yrs. ____ mos. <i>11</i> ds.			that I last saw h. _____ alive on _____, 191____,	
OCCUPATION (a) Trade, profession, or particular kind of work <i>None</i>			and that death occurred, on the date stated above, at _____ m.	
(b) General nature of industry, business, or establishment in which employed (or employer) <i>0</i>			The CAUSE OF DEATH* was as follows: <i>Cause Unknown</i> <i>200B</i>	
BIRTHPLACE (City or town, State or foreign country) <i>Park Co Mo</i>			(Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <i>Wm A Gaddy</i>		Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Lincoln Co Mo</i>		(Signed) <i>Wm A Gaddy</i>	
	MARRIED NAME OF MOTHER <i>Margaret M. Voris</i>		<i>Jan 14, 1912</i> (Address) <i>Violet</i>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Park Co Mo</i>		*State the Disease Causing Death, or, in deaths from Violence (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homocidal.	
THE [ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <i>Wm A Gaddy</i>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, HOSPITALS, OR RECENT RESIDENTS)	
(ADDRESS) <i>Violet Mo</i>			At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
Filed <i>Jan 15, 1912</i> <i>W W Higginbotham</i>			Where was disease contracted if not at place of death? <i>Park Town</i>	
REGISTRAR			Former or usual residence <i>Park Town</i>	
			PLACE OF BURIAL OR REMOVAL <i>Park Town Cemetery</i>	
			DATE OF BURIAL <i>Jan 15, 1912</i>	
			UNDERTAKER <i>None</i>	
			ADDRESS <i>None</i>	

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.)



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PLACE OF DEATH
County: Polk
Township: Benton
or
Village: _____
or
City: _____ (NO. _____ St.: _____ Ward)

REGISTRARS SHALL NOT RE-CEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Registration District No. 765-
Primary Registration District No. 5934

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH
File No. 2357
Registered No. 2

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

FULL NAME Claude Andrew Gaddy

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Jan 3 1912
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. 11 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Polk Co, Mo
(Duration) _____ yrs. _____ mos. 7 ds.

PARENTS NAME OF FATHER Wm A Gaddy

BIRTHPLACE OF FATHER (City or town, State or foreign country) _____

MAIDEN NAME OF MOTHER Margaret Morris

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm A Gaddy

(ADDRESS) Violet Mo

Filed Jan 18 1912 W W Higginbotham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 14 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____,
that I last saw _____ alive on _____, 19____,
and that death occurred, on the date stated above, at 6 m.
The CAUSE OF DEATH* was as follows:

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

(Signed) Wm A Gaddy (Address) Violet Mo
Jan 14 1912

*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 Park Town Cem DATE OF BURIAL Jan 15 1912

UNDERTAKER none ADDRESS _____

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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