

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			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<i>Barton</i>	Registration District No.	<i>1004</i>	File No.	<i>4115</i>
Township or Village	<i>Rickland</i>	Primary Registration District No.	<i>5089</i>	Registered No.	<i>1</i>
City	(No. _____ St. _____ Ward _____)	[If death occurred in a hospital or institution, give its NAME instead of street and number]			
FULL NAME <i>Clvert O. Oldham</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>July 9, 1912</i> (Month) (Day) (Year)		
DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)			I HEREBY CERTIFY, that I attended deceased from <i>July 5, 1912</i> , to <i>July 8, 1912</i> , that I last saw him alive on <i>July 8, 1912</i> , and that death occurred, on the date stated above, at <i>8 A. M.</i>		
AGE <i>about 34 yrs old, 29 mos, 11 ds.</i> If LESS than 1 day, ____ hrs or ____ min.?			The CAUSE OF DEATH* was as follows: <i>Pneumonia</i>		
OCCUPATION (a) Trade, profession, or particular kind of work <i>Thresherman</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>Farm</i>			<i>108</i> <i>PN</i> (Duration) ____ yrs. ____ mos. ____ ds.		
BIRTHPLACE (City or town, State or foreign country) <i>Barton Co. Mo.</i>			Contributory (SECONDARY) <i>nothing</i> (Duration) ____ yrs. ____ mos. ____ ds.		
PARENTS	NAME OF FATHER <i>George Oldham</i>		(Signed) <i>A. P. Stone</i> M. D.		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Tenn.</i>		<i>July 9, 1912</i> (Address) <i>Lamar Mo</i>		
	MAIDEN NAME OF MOTHER <i>Mary Joyce</i>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Indiana</i>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE					
(Informant) <i>C. J. Oldham</i>			Where was disease contracted If not at place of death?		
(ADDRESS) <i>Lamar Mo</i>			Former or usual residence		
Filed <i>2/10 1912</i> <i>W. W. W. W. W.</i> REGISTRAR			PLACE OF BURIAL OR REMOVAL <i>Forest Grove Cemetery</i>		DATE OF BURIAL <i>Y. 1912</i>
			UNDERTAKER <i>R. S. Branch</i>		ADDRESS <i>Lamar Mo</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.)



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Barton
 Township Richland
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Registration District No. 1004 File No. 1
 Primary Registration District No. 5059 Registered No. 1

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

FULL NAME Elbert O. Oldham

PERSONAL AND STATISTICAL PARTICULARS

SEX m. COLOR OR RACE w. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single
 DATE OF BIRTH 3 (Month) 1 (Day) 1 (Year)
 AGE 33 yrs. 11 mos. 29 ds. If LESS than 1 day, _____ hrs. or _____ mins.
 OCCUPATION (a) Trade, profession, or particular kind of work Thresherman
 (b) General nature of industry, business, or establishment in which employed (or employer) Farmer
 BIRTHPLACE (City or town, State or foreign country) Barton, Mo.

PARENTS
 NAME OF FATHER George Oldham
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.
 MAIDEN NAME OF MOTHER Mary Jayce
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Indiana

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) C. F. Oldham
 (ADDRESS) Lamar, Mo.

Filed 2/9 1912 G. W. Ammons REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb-9 1912
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from Feb 25, 1912, to Feb 5, 1912, that I last saw him alive on _____, 1912, and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
 (Duration) _____ yrs. _____ mos. 5 ds.

Contributory nothing
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) [Signature] M. D.
July 10, 1912 (Address) Lamar, 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 Forest Grove Cem. DATE OF BURIAL 2/9 1912
 UNDERTAKER B. E. Branch ADDRESS Lamar, Mo.

Original file date 2/9 1912 Information called for—must be written on this Secondary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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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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