

PLACE OF DEATH

County

Chariton

Township

~~Chariton~~

or

Village

or

City

Brunswick

(NO. _____)

St.; _____

Ward) _____

FULL NAME

Raymond Nichols

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No.

169

File No.

17 8577

Primary Registration District No.

4098

Registered No. _____

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

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
male	White	Single

DATE OF BIRTH

Aug. 17, 1910
(Month) (Day) (Year)

AGE

1 yrs. 7 mos. 10 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)

None

BIRTHPLACE

(City or town, State or foreign country)

Brunswick Mo.

PARENTS

NAME OF FATHER

Fred. Nichols

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

Brunswick Mo.

MAIDEN NAME OF MOTHER

Priscilla Owens

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

Elk Point S. D.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Chas. H. Owens

(ADDRESS)

Brunswick Mo.

Filed

Mar 29, 1912

D. M. B. Guster

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

March 28, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 27, 1912, to March 28, 1912, that I last saw him alive on March 28, 1912, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

9 Meningitis

(Duration) ___ yrs. ___ mos. 2 ds.

Contributory

Whooping cough & Bronchial Pneumonia (Duration) ___ yrs. ___ mos. ___ ds.

(Signed)

Harry E. Starnes, M. D.
March 28, 1912 (Address) Brunswick 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

Brunswick Mo

DATE OF BURIAL

March 29, 1912

UNDERTAKER

L. G. Meisel

ADDRESS

Brunswick Mo.

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*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (d) 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.)



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

PLACE OF DEATH

County

Chautau

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

Township

or
Village

or
City

Brunswick

Registration District No.

Primary Registration District No.

169
4698

File No.

Registered No.

8577
17

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

FULL NAME

Raymond Nichols

PERSONAL AND STATISTICAL PARTICULARS

SEX

m

COLOR OR RACE

w

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

S

DATE OF BIRTH

Aug 17, 191*2*
(Month) (Day) (Year)

AGE

1 yrs. *7* mos. *10* 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)

BIRTHPLACE

(City or town,
State or foreign country)

Brunswick Mo

NAME OF
FATHER

Fred Nichols

BIRTHPLACE
OF FATHER

Brunswick Mo

MAIDEN NAME
OF MOTHER

Margella Curtis

BIRTHPLACE
OF MOTHER

Old Point S D

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Chas H. Curtis

(ADDRESS)

Brunswick Mo.

Filed

Mar 29 19*22* *M. B. Austick*
MR. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Mar 28, 191*2*
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Mar 27, 191*2*, to *3/28*, 191*2*,
that I last saw him alive on *3/28*, 191*2*,
and that death occurred, on the date stated above, at *2:00* pm.

The CAUSE OF DEATH* was as follows:

meningitis - terminal -

(Duration) ___ yrs. ___ mos. *2* ds.

Contributory *whooping cough + Bronchial*

(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) *Harry E. Talbot* M. D.

Mar 28, 191*2* (Address) *Brunswick 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

Brunswick Mo

DATE OF BURIAL

3/29, 191*2*

UNDERTAKER

L. N. Kissel

ADDRESS

Brunswick Mo

Original file, date

MAR

19

All information called for must be written on this Supplementary Certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A

RECORD

MAINTAINED PERMANENTLY FOR BINDING. N. B.—Every item of information called for on this form 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.

Supplemental

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.)