

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.

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

PLACE OF DEATH
County Saplata Macon Co Mo
Township _____
or
Village _____
or
City Saplata (NO. _____ St.: _____ Ward _____)

Registration District No. 532 File No. 10069
Primary Registration District No. 4318 Registered No. 6

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

FULL NAME James C Miles

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>Married</u> WIDOWED OR DIVORCED (Write the word)	
DATE OF BIRTH <u>July 1, 1927</u> (Month) (Day) (Year)			
AGE <u>8 7 28</u> yrs. mos. ds.		If LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1-02</u>			
BIRTHPLACE <u>Virginia Bedford CO</u> (City or town, State or foreign country)			
PARENTS	NAME OF FATHER <u>Armed Johnson Miles</u>		
	BIRTHPLACE OF FATHER <u>va</u> (City or town, State or foreign country)		
	MAIDEN NAME OF MOTHER <u>Elisabeth A. Arthur</u>		
	BIRTHPLACE OF MOTHER <u>Bedford Co va</u> (City or town, State or foreign country)		

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) F. M. Miles

(ADDRESS) Saplata Mo

Filed Mar. 1, 1912 Cent. Bureau
REGISTRAR

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Feb. 28, 1912</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>Jan 20</u> , 1912, to <u>Feb 28</u> , 1912, that I last saw him alive on <u>Feb 28</u> , 1912, and that death occurred, on the date stated above, at <u>3:15 P. m.</u>	
The CAUSE OF DEATH* was as follows: <u>Senility</u> <u>107 A</u> <u>16 yr</u>	
Contributory <u>Pneumonia +</u> (SECONDARY)	(Duration) ___ yrs. ___ mos. ___ ds. <u>2</u>
(Signed) <u>S. H. Collins</u> M. D.	(Address) <u>Saplata Mo</u>
*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 <u>Steel Cemetery</u>	DATE OF BURIAL <u>Mar. 1, 1912</u>
UNDERTAKER <u>G. N. Cuyers</u>	ADDRESS <u>Saplata Mo.</u>

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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH

County

Macon

Township

or

Village

or

City

La Plata

(NO.

St.

Ward)

Registration District No.

532

File No.

10069

Primary Registration District No.

4318

Registered No.

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

FULL NAME

James C. Miles

PERSONAL AND STATISTICAL PARTICULARS

SEX

m

COLOR OR RACE

w.

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

m.

DATE OF BIRTH

July 1

(Month)

(Day)

1827
(Year)

AGE

84 yrs. 7 mos. 28 ds.

If LESS than
1 day, hrs.
or mins.

OCCUPATION

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Virginia Bedford Co.

NAME OF FATHER

Armsed Johnson Miles

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Va.

MAIDEN NAME OF MOTHER

Elisabeth A. Arthur

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Bedford Co. Va.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. M. Miles

(ADDRESS)

La Plata Mo.

Filed

191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb. 28th

(Month)

(Day)

1912
(Year)

I HEREBY CERTIFY, that I attended deceased from

Jan 20, 1912, to Feb. 28, 1912,

that I last saw him alive on " " , 1912,

and that death occurred, on the date stated above, at 3:15 P.M.

The CAUSE OF DEATH* was as follows:

Broncho Pneumonia

(Duration) yrs. 2 mos. ds.

Contributory Broncho Pneumonia X

(Duration) yrs. mos. ds.

(Signed) M. D.

191 (Address)

*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

Steel Cem.

DATE OF BURIAL

Mar. 1, 1912

UNDERTAKER

L. N. Ayers

ADDRESS

La Plata Mo.

Original file, date 1912

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

N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state PLAGE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE PLAINLY WILL UNREADABLE

SUPPLEMENTARY

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.)