

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 Pike  
 Township Curryville mo Registration District No. 686 File No. 10511-B  
 or  
 Village Curryville mo Primary Registration District No. 4410 Registered No. 2  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME Harvey Guy McCune

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

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR OR RACE <u>white</u>	MARRIAGE <u>Married</u> MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>March 23</u> , 191 <u>2</u> (Month) (Day) (Year)
DATE OF BIRTH <u>Dec 30</u> , 18 <u>81</u> (Month) (Day) (Year)		I HEREBY CERTIFY, that I attended deceased from <u>March 5<sup>th</sup></u> , 191 <u>2</u> , to <u>March 23</u> , 191 <u>2</u> , that I last saw him alive on <u>March 22</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>5 a.</u> m. The CAUSE OF DEATH* was as follows:	
AGE <u>80</u> yrs. <u>2</u> mos. <u>23</u> ds.	IF LESS than 1 day, ___ hrs. or ___ min.?	<u>General Hemorrhage, old age</u> <u>10.75</u> <u>162</u> (Duration) yrs. ___ mos. <u>24</u> ds.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer)	BIRTHPLACE (City or town, State or foreign country) <u>Pike Co. Mo.</u>		Contributory <u>old age</u> (SECONDARY) (Duration) yrs. ___ mos. ___ ds.
PARENTS	NAME OF FATHER <u>Wm L McCune</u>	8 (Signed) <u>H. L. Gibbs</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ky.</u>	<u>3-23</u> , 191 <u>2</u> (Address) <u>Curryville mo</u>	
	MAIDEN NAME OF MOTHER <u>Jane M. Guy</u>	*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) <u>Ky.</u>	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) <u>taken from Family Bible</u> (ADDRESS) <u>Curryville mo</u>		Where was disease contracted if not at place of death? _____ Former or usual residence _____	
Filed <u>Mar 27</u> , 191 <u>2</u> , <u>Geo. Williams</u> REGISTRAR	PLACE OF BURIAL OR REMOVAL <u>Milton Cemetery</u>	DATE OF BURIAL <u>March 25</u> , 191 <u>2</u>	
	UNDERTAKER <u>J. B. Clark</u>	ADDRESS <u>Vandalia 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*, *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, 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.)



THIS UNFADING INK—THIS IS A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

County Pike

Township \_\_\_\_\_

Village Curryville Mo.

City \_\_\_\_\_ (NO. \_\_\_\_\_)

Registration District No. 686

Primary Registration District No. 4410

File No. \_\_\_\_\_

Registered No. 2

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

FULL NAME

Harvey Guy McClure.

PERSONAL AND STATISTICAL PARTICULARS

SEX m. COLOR OR RACE w. SINGLE MARRIED WIDOWED OR DIVORCED m. (Write the word)

DATE OF BIRTH Dec. 30, 1881 (Month) (Day) (Year)

AGE 80 yrs. 2 mos. 23 ds. IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

BIRTHPLACE (City or town, State or foreign country) Pike Co. Mo.

PARENTS NAME OF FATHER Wm. S. McClure BIRTHPLACE OF FATHER Ky. MAIDEN NAME OF MOTHER Jessie M. Guy BIRTHPLACE OF MOTHER Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Taken from Family Bible (ADDRESS) Curryville Mo.

Filed July 16 1912 Geo. H. Williams REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 23, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 23, 1912, to March 23, 1912, that I last saw him alive on March 22, 1912, and that death occurred, on the date stated above, at 5:00 p.m.

The CAUSE OF DEATH\* was as follows: General Hemorrhage + old age. (Capillary Hemorrhage)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 24 ds. Contributory Old age. (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. C. Gibbs M. D. 323, 1912 (Address) Curryville 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 Mt. Air Cem. DATE OF BURIAL Mar. 25, 1912

UNDERTAKER J. B. Clark ADDRESS Vandalia Mo.

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

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