

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
PLACE OF DEATH County <u>Greene</u> Township <u>Boonville</u> or Village _____ or City <u>Ash Grove</u> (NO. _____) St. _____ Ward _____			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
FULL NAME <u>James G Turpin</u>			Registration District No. <u>316</u> File No. <u>13134</u> Primary Registration District No. <u>4191</u> Registered No. <u>8</u>	
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH	
<u>male</u>	<u>white</u>	<u>married.</u>	<u>April 10, 1912</u> (Month) (Day) (Year)	
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from	
<u>June 26, 1846</u> (Month) (Day) (Year)			<u>April 3, 1912, to April 10, 1912,</u>	
AGE			that I last saw him alive on <u>April 10, 1912,</u>	
<u>65 yrs. 9 mos. 15 ds.</u>			and that death occurred, on the date stated above, at <u>6:30 p.m.</u>	
OCCUPATION			The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work <u>Carpenter</u>			<u>Paralysis, and</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>5501</u>			<u>genital dropsy</u>	
BIRTHPLACE (City or town, State or foreign country)			64 (Duration) yrs. 2 mos. ds.	
<u>Smithville Ark.</u>			Contributory <u>Heart failure</u>	
PARENTS	NAME OF FATHER		(Duration) yrs. mos. ds.	
	<u>Marcus Turpin</u>		64 (Duration) yrs. mos. ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country)		Contributory <u>Heart failure</u>	
	<u>Unknown</u>		(Duration) yrs. mos. ds.	
MAIDEN NAME OF MOTHER		64 (Duration) yrs. mos. ds.		
<u>Unknown</u>		Contributory <u>Heart failure</u>		
BIRTHPLACE OF MOTHER (City or town, State or foreign country)		(Duration) yrs. mos. ds.		
<u>Unknown</u>		Contributory <u>Heart failure</u>		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
(Informant) <u>Charlie Turpin</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(ADDRESS) <u>Ash Grove Mo.</u>			At place of death yrs. 2 mos. ds. In the State 2 yrs. mos. ds.	
Filed <u>April 11, 1912</u> <u>Oras Smith</u> REGISTRAR			Where was disease contracted if not at place of death? <u>Springfield Mo</u>	
			Former or usual residence <u>Ash Grove Mo</u>	
			PLACE OF BURIAL OR REMOVAL	
			<u>Kelley</u>	
			DATE OF BURIAL	
			<u>4/11/12</u>	
			UNDERTAKER	
			<u>CHANDLER-GALBRAITH FURNITURE CO.</u>	
			ADDRESS	
			<u>Ash Grove 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.)



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 Greene

Township _____

or Village _____

or City Ash Grove (NO. _____)

Registration District No. 316

Primary Registration District No. 4191

File No. _____

Registered No. 8

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

FULL NAME

Jamies G. Turpin

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH June 26, 1886
(Month) (Day) (Year)

AGE 65 yrs. 9 mos. 15 ds.
IF LESS than 1 day, _____ hrs. or _____ mins.

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

BIRTHPLACE
(City or town, State or foreign country) Southville, Ark.

NAME OF FATHER Marcell Turpin

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

MAIDEN NAME OF MOTHER Mrs.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charlie Turpin

(ADDRESS) Ash Grove, Mo.

Filed Apr 11, 1912 Chas Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr 10, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 10, 1912, to Apr 10, 1912, that I last saw him alive on Apr 10, 1912, and that death occurred, on the date stated above, at 6:30 p.m.

The CAUSE OF DEATH* was as follows:
Paralysis & gen. atrophy
Apoplexy

Contributory heart failure
(SECONDARY) (Duration) yrs. 2 mos. ds.

(Signed) C. A. Monte M. D.
Apr 10, 1912 (Address) Ash Grove, 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 Kelly DATE OF BURIAL Apr 11, 1912

UNDERTAKER Charles Galbreath ADDRESS Ash Grove, Mo.

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ORIGINAL WILL UNFADING INK—THIS IS A PERMANENT RECORD

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