

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

County

Shelby

Township

or

Village

or

City

Shelbyville, Mo

Registration District No.

831

Primary Registration District No.

4504

File No.

15876

Registered No.

7

St.: Ward)

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

FULL NAME

Chas S Wood

PERSONAL AND STATISTICAL PARTICULARS

SEX

Male

COLOR OR RACE

White

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

Married

DATE OF BIRTH

Feb 18, 1882

(Month)

(Day)

(Year)

AGE

90 yrs 1 mos 16 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)

X P O

BIRTHPLACE

(City or town, State or foreign country)

Provincer of Cuba

PARENTS

NAME OF FATHER

Flores - mother married
Wing + assumed name of 2 - hrsBIRTHPLACE OF FATHER
(City or town, State or foreign country)

Provincer of Cuba

MAIDEN NAME OF MOTHER

Corline Curlette

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

Provincer of Cuba

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

D. A. G. Wood

(ADDRESS)

Centerville

Filed

April 12, 1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

April 27, 1912 (Month) April (Day) 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from

April 27, 1912, to April 11, 1912

that I last saw him alive on April 11, 1912,

and that death occurred, on the date stated above, at 5/10 a.m.

The CAUSE OF DEATH* was as follows:

Anemia

163

I or (Duration)

1 yr 10 mos 10 ds

Contributory (SECONDARY)

Senility

(Signed)

Wm. H. Carson M. D.

April 12, 1912 (Address) Shelbyville

*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

Old Cemetery, Shelbyville

DATE OF BURIAL

April 12, 1912

UNDERTAKER

J. W. Thompson

ADDRESS

Shelbyville

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.)



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 Shelby
 County _____
 Township _____ or _____
 Village _____ or _____
 City Shelbyville (NO. _____) St. _____ Ward _____

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

Registration District No. 831 File No. 15876
 Primary Registration District No. 4504 Registered No. 7

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

FULL NAME Chas J Wood

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>m</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>m</u>
DATE OF BIRTH <u>Feb. 18</u> , 18 <u>21</u> (Month) (Day) (Year)		
AGE <u>90</u> yrs. <u>1</u> mos. <u>16</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
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>Cuba</u>		
PARENTS	NAME OF FATHER <u>Carroll</u> <i>find out</i>	<u>Flore</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Cuba</u>	
	MAIDEN NAME OF MOTHER <u>Cathie Curritt</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Cuba</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Apr 11, 1922
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 27, 1921, to Apr, 1922, that I last saw him alive on Apr 11, 1922, and that death occurred, on the date stated above, at 5:30 a.m.

The CAUSE OF DEATH* was as follows:
asthenia

(Duration) 3 or 4 yrs. 2 mos. _____ ds.

Contributory Senility
(SECONDARY) (Duration) 2 yrs. 2 mos. _____ ds.

(Signed) Wm Carson M. D.
April 12, 1922 (Address) Shelbyville 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
Dak Dale, Shelby Co Mo.

DATE OF BURIAL
Apr 13, 1922

UNDERTAKER
J. W. Thompson

ADDRESS
Shelbyville Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Chas J Wood
retired farmer
(ADDRESS) _____

April 12, 1922
REGISTRAR

Revised United States Standard Certificate of Death

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

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