

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

PLACE OF DEATH

County Benton
Township Poplar Bluff
or
Village Auburn
or
City _____ (No. _____ St.; _____ Ward)

Registration District No. 89 File No. 16368
Primary Registration District No. 5131 Registered No. 106

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

FULL NAME John W. Dale

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| SEX <u>Male</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED <u>Don't know</u> (Write the word) |
| DATE OF BIRTH <u>April 30, 1853</u> (Month) (Day) (Year) | | |
| AGE <u>59 yrs. 11 mos. 0 ds.</u> IF LESS than 1 day, ___ hrs. or ___ min.? | | |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Mill Operator</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Sawmilling</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Randolph Co. Mo.</u> | | |
| PARENTS | NAME OF FATHER <u>Jacob Dale</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Randolph Co. Mo.</u> | |
| | MAIDEN NAME OF MOTHER <u>Nerva Whitwood</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Randolph Co. Mo.</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 11, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 11, 1912, to May 11, 1912, that I last saw him alive on May 11, 1912, and that death occurred, on the date stated above, at 11:50 P.M.

The CAUSE OF DEATH* was as follows:

Shock Result of dislocated left hip and gastric hemorrhage.

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

(Signed) Dr. W. Seybold M. D.
May 12, 1912 (Address) Poplar Bluff, 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 City Cem. DATE OF BURIAL May 12, 1912

UNDERTAKER Frank L. U.C. ADDRESS P.O. Box

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. S. Leammell
(ADDRESS) Poplar Bluff Mo.

Filed 5/13, 1912 Annie Clarke
REGISTRAR

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.

PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.)



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

PLACE OF DEATH
County Butler
Township or Village Poplar Bluff
City (NO. _____) _____

Registration District No. 89 File No. _____
Primary Registration District No. 5131 Registered No. 116
St.: _____ Ward _____

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

FULL NAME John W. Dale

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH May 11, 1912
(Month) (Day) (Year)

DATE OF BIRTH Apr. 30, 1852
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 11, 1912, to May 11, 1912, that I last saw him alive on May 11, 1912, and that death occurred, on the date stated above, at 11:50 m.

AGE 59 yrs. 11 mos. 11 ds. IF LESS than 1 day, hrs. or min.

The CAUSE OF DEATH* was as follows:

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

Shock, result of dislocating left hip & gastric hemorrhage. Accidental by fall
(Duration) yrs. mos. ds. 1 ds.

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

Contributory alcoholism
(SECONDARY) (Duration) 10 yrs. 2 mos. ds.

PARENTS NAME OF FATHER Jacob Dale
BIRTHPLACE OF FATHER (City or town, State or foreign country) Randolph Co. Mo.
MAIDEN NAME OF MOTHER Norma Whitwood
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Randolph Co. Mo.

(Signed) D. M. Sanford M. D.
July 10, 1912 (Address) Poplar Bluff Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. S. Carnell
(ADDRESS) Poplar Bluff Mo.

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 _____

Ed July 10, 1912 Annie Clark Deputy REGISTRAR

PLACE OF BURIAL OR REMOVAL City Cem. DATE OF BURIAL May 12, 1912
UNDERTAKER Frank L & U. Co. ADDRESS P. B. Mo.

MARGIN RESERVED FOR BINDING

B. No. 2.

CAUSE WRITE PLAINLY IN CAPITAL LETTERS. THIS IS OF DATE

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.)