

MARGIN RESERVED FOR BINDING

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 Clinton
Township Concord
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 207
Primary Registration District No. 5286

File No. 16588
Registered No. 21

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

FULL NAME Harv May Paden

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Feb 7</u> , 1912 (Month) (Day) (Year)		
AGE <u>3</u> yrs. <u>3</u> mos. <u>14</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) <u>(O)</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Perrin Mo.</u>		
PARENTS	NAME OF FATHER <u>Harv Lee Paden</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>St Joseph Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Catharine Stoteman</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Pine Co Ind.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Harv Lee Paden</u> (ADDRESS) <u>Plattsburg Mo</u>		
Filed <u>May 26</u> , 1912, <u>Frank H. Friction</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH		
DATE OF DEATH <u>May</u> , <u>24</u> , 1912 (Month) (Day) (Year)		
I HEREBY CERTIFY, that I attended deceased from <u>May 12</u> , 1912, to <u>May 24</u> , 1912, that I last saw him alive on <u>May 12</u> , 1912, and that death occurred, on the date stated above, at <u>4 P.</u> m.		
The CAUSE OF DEATH* was as follows: <u>Acute Indigestion</u> <u>1198</u> ✓ <u>104</u>		
Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. <u>12</u> ds.		
(Signed) <u>John S. Kay</u> M. D. <u>May 25</u> , 1912 (Address) <u>Perrin 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>Plattsburg Mo</u>	DATE OF BURIAL <u>May 26</u> , 1912	
UNDERTAKER <u>Thompson Bros</u>	ADDRESS <u>Plattsburg 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.

PLACE OF DEATH
 County Clinton
 Township Concord
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 207 File No. 16588
 Primary Registration District No. 5286 Registered No. 21

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

FULL NAME Neva May Paden

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX F COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED S.
(Write the word)

DATE OF DEATH May 24, 1912
(Month) (Day) (Year)

DATE OF BIRTH Feb. 7, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 12, 1912, to May 24, 1912, that last saw her alive on May 12, 1912, and that death occurred, on the date stated above, at 4 P. m.

AGE 3 yrs. 14 mos. 14 ds.
If LESS than 1 day, hrs. or min.

The CAUSE OF DEATH* was as follows:
Acute Indigestion
Enteric Colitis
(Duration) _____ yrs. _____ mos. _____ ds.

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

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

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

PARENTS
 NAME OF FATHER Harve Paden
 BIRTHPLACE OF FATHER Joseph Mo.
 MAIDEN NAME OF MOTHER Cathryn Slotchman
 BIRTHPLACE OF MOTHER Pyr Co. Ind

(Signed) John Kay M. D. *
April 27 1912 (Address) Perrin Mo. *

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Harve Lee Paden

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

(ADDRESS) Plattsburg 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 _____

FILED May 16 1912 Frank Paden REGISTRAR

PLACE OF BURIAL OR REMOVAL Plattsburg Mo DATE OF BURIAL May 26, 1912
 UNDERTAKER Thompson Bros. ADDRESS Plattsburg Mo

NOTE - 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.

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.)