

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 Vermont  
County Vermont  
Township \_\_\_\_\_ Registration District No. 875 File No. 22048  
or \_\_\_\_\_ Primary Registration District No. 3039 Registered No. 113  
Village \_\_\_\_\_  
or \_\_\_\_\_  
City Nevada (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
FULL NAME Robt A Short (If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE married MARRIED married WIDOWED OR DIVORCED (If write the word)

DATE OF BIRTH Oct 2, 1861  
(Month) (Day) (Year)

AGE 50 yrs. 9 mos. 9 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION:  
(a) Trade, profession, or particular kind of work dealer in live stock  
(b) General nature of industry, business, or establishment in which employed (or employer) cattle & horses

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

PARENTS

NAME OF FATHER	<u>Robt A Short</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country)	<u>Kentucky</u>
MAIDEN NAME OF MOTHER	<u>Phoebe Coffelt</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<u>Kentucky</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Sarella Short  
(ADDRESS) Nevada Mo.

Filed July 3, 1912 J. W. Wilcox REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 2, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 24, 1912, to June 2, 1912, that I last saw him alive on June 1, 1912, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH\* was as follows:  
paralysis  
81A

Contributory slow fever  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) H. W. Laney M. D. June 3, 1912 (Address) Nebraska

\*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. 14 mos. \_\_\_ ds. In the State \_\_\_ yrs. 14 mos. \_\_\_ ds.

Where was disease contracted if not at place of death?  
Former or usual residence Oregon

PLACE OF BURIAL OR REMOVAL Leopwood Nevada DATE OF BURIAL 6/3, 1912

UNDERTAKER J. W. Hancock ADDRESS Nevada Mo.  
107 of ancaas way

# 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.)



PLACE OF DEATH

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

County

Vernon

Township

Registration District No.

875

File No.

27048

or

Village

Primary Registration District No.

3039

Registered No.

113

or

City

Nevada

(NO.

St.

Ward)

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

FULL NAME

Robt. A. Short

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word)

married

male

white

DATE OF DEATH

June 2, 1912  
(Month) (Day) (Year)

DATE OF BIRTH

Oct. 2, 1861  
(Month) (Day) (Year)

AGE

50 yrs. 9 mos. ds.

IF LESS than  
1 day, hrs. or mins.I HEREBY CERTIFY, that I attended deceased from  
May 25, 1912, to June 2, 1912,  
that I last saw him alive on June 1, 1912,  
and that death occurred, on the date stated above, at 9 a. m.

The CAUSE OF DEATH\* was as follows:

Acute ascending  
Paralysis

OCCUPATION

(a) Trade, profession, or particular kind of work

Healer in ind. Sta. Cattle &amp; horses

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Cole, Mo.

NAME OF FATHER

Robt. A. Short

BIRTHPLACE OF FATHER

Kentucky

MAIDEN NAME OF MOTHER

Phoebe Coffelt

BIRTHPLACE OF MOTHER

Kentucky

Contributory

(SECONDARY)

(Signed) H. W. Law Caston, M. D.  
June 3, 1912 (Address) Nevada 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 14 yrs. mos. ds. In the 14 yrs. mos. ds. State

Where was disease contracted if not at place of death?

Former or usual residence

Oregon

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Luella Short

(ADDRESS)

Nevada Mo.

Filed

P-6

X 1912

G. Wilson

REGISTRAR

PLACE OF BURIAL OR REMOVAL

Deepwood Nevada Mo.

DATE OF BURIAL

6-3-1912

UNDERTAKER

W. J. Waincott

ADDRESS

Nevada Mo.

Original file, date

JUN 3 1912

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

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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.)