

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County <u>Bates Co.</u>			Registration District No. <u>53</u>		File No. <u>22191</u>
Township _____ or _____			Primary Registration District No. <u>0005</u>		Registered No. <u>40</u>
Village _____ or <u>Rich Hill</u>			(NO. _____ St. _____ Ward _____)		(If death occurred in a hospital or institution, give its NAME instead of street and number)
FULL NAME <u>Manning Adams</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>Married</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>July</u> <u>1st</u> , 191 <u>2</u> (Month) (Day) (Year)		
DATE OF BIRTH <u>Aug-1st</u> , 18 <u>65</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>July 3rd</u> , 191 <u>2</u> , to <u>July 14</u> , 191 <u>2</u> , that I last saw him alive on <u>July 14th</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>4 P.m.</u>		
AGE <u>46</u> yrs. <u>11</u> mos. <u>13</u> ds. IF LESS than 1 day, ____ hrs. or ____ min.?			The CAUSE OF DEATH* was as follows: <u>Cirrhosis of Liver, Atrophic</u> <u>1244</u> <u>1137513</u> (Duration) ____ yrs. ____ mos. ____ ds. Contributory <u>Alcoholism</u> . (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Bartender</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>3-02</u>			(Signed) <u>G. A. Delamater</u> M. D. <u>July 15</u> , 191 <u>2</u> (Address) <u>Rich Hill Mo.</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Papineville 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.		
PARENTS	NAME OF FATHER <u>Dont Know</u>		LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
	BIRTHPLACE OF FATHER (City or town, State or foreign country)		At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.		
	MAIDEN NAME OF MOTHER <u>Dont Know</u>		Where was disease contracted If not at place of death?		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dont Know</u>		Former or usual residence _____		
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. M. Gresh</u> (ADDRESS) <u>Rich Hill Mo.</u>			PLACE OF BURIAL OR REMOVAL <u>2672 North</u> DATE OF BURIAL _____ 191 <u>2</u>		
Filed <u>July 15</u> , 191 <u>2</u> <u>J. M. Gresh</u> REGISTRAR			UNDERTAKER <u>A. M. B. B. B.</u> ADDRESS <u>Rich Hill 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.)

COPIED FROM ORIGINAL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH.



PLACE OF DEATH

County Bates

Township _____

or

Village _____

or

City Rich Hill

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

Registration District No. 53

File No. _____

Primary Registration District No. 3005

Registered No. 40

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

FULL NAME

Marvin Adams

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

COLOR OR RACE

white

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

married

DATE OF BIRTH

Aug. 1, 1865
(Month) (Day) (Year)

AGE

46 yrs. 11 mos. 13 ds.
If LESS than 1 day, hrs. or mins.

OCCUPATION

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

Bar tender

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

BIRTHPLACE

(City or town, State or foreign country)

Papinville Mo.

NAME OF FATHER

Don't know

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

Don't know

MAIDEN NAME OF MOTHER

Don't know

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

Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

J. L. Gentry
Rich Hill Mo.

Filed

July 15, 1912
J. L. Gentry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

July 14, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

July 3, 1912, to July 14, 1912

and that death occurred, on the date stated above, at 4 p. m.

The CAUSE OF DEATH* was as follows:

Cirrhosis of liver
atrophia

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

alcoholism
(Duration) yrs. mos. ds.

(Signed) G. A. Delamater M. D.

July 15, 1912 (Address) Rich Hill 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 mos. ds.

Where was disease contracted If not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

Denver, Colo.

DATE OF BURIAL

7/18, 1912

UNDERTAKER

M. Booth

ADDRESS

Rich Hill Mo.

Original file, date JUL, 1912

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

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 septicæmia*," "*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.)