

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 Butler
 Township _____ Registration District No. 89 File No. 22323
 or _____
 Village _____ Primary Registration District No. 3017 Registered No. 142
 or _____
 City Poplar Bluff (NO. - Spring St.; 3rd Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Awad Israel

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>-yes</u> (Write the word)
DATE OF BIRTH <u>August 22, 1843</u> (Month) (Day) (Year)		
AGE <u>68</u> yrs. _____ mos. _____ ds. If LESS than 1 day, _____ hrs. or _____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired.</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>7-65</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Baltimore, Md.</u>		
PARENTS	NAME OF FATHER <u>Robert Israel.</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Baltimore, Md.</u>	
	MAIDEN NAME OF MOTHER <u>Annie Flint.</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>London, Eng.</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Henry Israel.</u> (ADDRESS) <u>Poplar Bluff Mo</u>		
Filed <u>July 6, 1912</u> <u>Annie Clarke</u> <u>Deputy</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH
DATE OF DEATH <u>July 6th, 1912</u> (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from <u>March</u> , 1912, to <u>July 6</u> , 1912, that I last saw him alive on <u>July 5</u> , 1912, and that death occurred, on the date stated above, at <u>3:00 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Arteriosclerosis</u> <u>17</u> <u>115</u> (Duration) <u>2</u> yrs. _____ mos. _____ ds. Contributory <u>Anemia</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>Ira M. Stewart</u> M. D. <u>July 6, 1912</u> (Address) <u>Poplar Bluff 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>St. Lawrence</u> UNDERTAKER <u>Frank S. Co.</u> DATE OF BURIAL <u>July 7, 1912</u> ADDRESS <u>PA 70</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*, *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.)



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PLACE OF DEATH

County Butler

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

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

Township _____

Registration District No. 89

File No. 22323

or Village _____

Primary Registration District No. 3007

Registered No. 142

or City Poplar Bluff (NO. _____)

St. _____ Ward _____

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

FULL NAME

Arad Israel

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX male COLOR OR RACE white SINGLE MARRIED yes WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH July 6, 1912
(Month) (Day) (Year)

DATE OF BIRTH Aug. 22, 1843
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March, 1912, to July 6, 1912
that I last saw him alive on July 5, 1912
and that death occurred, on the date stated above, at 3:20 a.m.

AGE 68 yrs. _____ mos. _____ ds.
If LESS than 1 day, _____ hrs. _____ min.

The CAUSE OF DEATH* was as follows:

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

artero sclerosis
(Duration) 2 yrs. _____ mos. _____ ds.

BIRTHPLACE (City or town, State or foreign country) Baltimore, Md.

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

PARENTS NAME OF FATHER Robert Israel

(Signed) Ira W. Seybold M. D.
July 6, 1912 (Address) Poplar Bluff

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

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

MAIDEN NAME OF MOTHER Annie Flint

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arad Israel

Where was disease contracted If not at place of death?
Former or usual residence _____

(ADDRESS) Poplar Bluff

PLACE OF BURIAL OR REMOVAL St. Louis DATE OF BURIAL July 7, 1912

Filed Sept. 10, 1912 Annie Clark REGISTRAR

UNDERTAKER Frank F. U. Co. ADDRESS Poplar Bluff

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 trolley tram—accident*; *Rubber 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.)