

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

22395

PLACE OF DEATH
 County Walloway
 Township Alexander
 or Portland Mo.
 Village _____
 or _____
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 106 File No. _____
 Primary Registration District No. 5155 Registered No. _____

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

FULL NAME George D. Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED, WIDOWED OR DIVORCED <u>Married</u> <small>(Write the word)</small>
DATE OF BIRTH <u>Sept. 10, 1857</u> <small>(Month) (Day) (Year)</small>		
AGE <u>57 yrs. 10 mos. 2 ds.</u>		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Business and Druggist</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Fabney Campbell Co. Va.</u>		
PARENTS	NAME OF FATHER <u>Fabney Martin</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Orange Co., Va.</u>	
	MAIDEN NAME OF MOTHER <u>Elizabeth M. Perkins</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Bedford Co. Va.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 12, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 10, 1912, to July 12, 1912, that I last saw him alive on July 12, 1912, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:
Obstruction of Bowels
Followed by Acute Peritonitis

(Duration) _____ yrs. _____ mos. 4 ds.
 1st Contributory Peritonitis
 (SECONDARY) (Duration) _____ yrs. _____ mos. 1 ds.
 Signed) A. D. Bridges M. D.
July 15, 1912 (Address) Portland 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Miss Fannie Martin
 (ADDRESS) Portland Mo.

PLACE OF BURIAL OR REMOVAL Montgomery Co. Va. DATE OF BURIAL July 15, 1912
 UNDERTAKER H. B. Talbush ADDRESS _____

Filed July 15 1912 A. D. Bridges
 REGISTRAR

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*, *Sarcoma*, 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 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.)

PLACE OF DEATH

County Callaway
 Township Auxvasse
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

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

Registration District No. 106 File No. 22395 ✓
 Primary Registration District No. 5153 Registered No. _____

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

FULL NAME

George D. Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Sept. 10, 1854</u> (Month) (Day) (Year)		
AGE <u>57</u> yrs. <u>10</u> mos. <u>2</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Dairyman</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Nabney Campbell Co. Va.</u>		

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH <u>July 12, 1912</u> (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from <u>July 10, 1912</u> , to <u>July 12, 1912</u> , that I last saw him alive on <u>July 12, 1912</u> , and that death occurred, on the date stated above, at <u>12</u> m.
The CAUSE OF DEATH* was as follows: <u>Obstruction of small intestine from impacted feces or intestinal concretions, causing perforation resulting in peritonitis</u> (Duration) _____ yrs. _____ mos. _____ ds.

PARENTS	NAME OF FATHER <u>Nabney Martin</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Orange Co. Va.</u>
	MAIDEN NAME OF MOTHER <u>Elizabeth M. Perkins</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Bedford Co. Va.</u>

Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) <u>A. D. Brinson</u> M. D. <u>July 15, 1912</u> (Address) <u>Portland 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Miss Nannie Martin
 (ADDRESS) Portland Mo.

PLACE OF BURIAL OR REMOVAL <u>Montgomery Co. Mo.</u>	DATE OF BURIAL <u>July 15, 1912</u>
UNDERTAKER <u>W. L. Tahlbush</u>	ADDRESS <u>Portland Mo.</u>

Filed July 15, 1912 A. D. Brinson
 REGISTRAR

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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.)