

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>Oregon</u>	Registration District No. <u>632</u>	File No. <u>23746</u>	<del>22210</del>	
Township <u>Haystack</u>	Primary Registration District No. <u>5834</u>	Registered No. <u>18</u>		
Village _____	City _____ (NO. _____ St. _____ Ward _____)	[If death occurred in a hospital or institution, give its NAME instead of street and number]		
FULL NAME <u>William J. Mitchell</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED <input type="checkbox"/> (If write the word) <u>single</u>	DATE OF DEATH <u>June 23, 1912</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>July 28, 1853</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,	
AGE <u>58</u> yrs. <u>10</u> mos. <u>25</u> ds. If LESS than 1 day, ____ hrs. or ____ min.?			that I last saw h _____ alive on _____, 191____,	
OCCUPATION (a) Trade, profession, or particular kind of work <u>farmer</u>			and that death occurred, on the date stated above, at <u>5 a. m.</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u>			The CAUSE OF DEATH* was as follows: <u>Supposed kidney disease</u> <u>Had no doctor.</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Bene Co Tenn</u>			_____, 191____ (Duration) ____ yrs. ____ mos. ____ ds.	
PARENTS	NAME OF FATHER <u>Peter Mitchell</u>		Contributory (SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Bene Co Tenn</u>		(Signed) <u>had no doctor</u> M. D.	
	MAIDEN NAME OF MOTHER <u>Syrena Center</u>		_____, 191____ (Address) _____	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Bene Co Tenn</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>W. J. Miller</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
(ADDRESS) <u>Thas, Mo</u>			At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.	
Filed <u>July 2, 1912</u>			Where was disease contracted if not at place of death? _____	
REGISTRAR <u>J. C. Bulp</u> Deputy			Former or usual residence _____	
			PLACE OF BURIAL OR REMOVAL <u>Crematory</u>	
			DATE OF BURIAL <u>June 25, 1912</u>	
			UNDERTAKER <u>Had none</u>	
			ADDRESS _____	

# 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 Oregon  
 Township Thayer  
 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. 632 File No. 23846  
 Primary Registration District No. 5834 Registered No. 18

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

FULL NAME William G. Mitchell

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single (If write the word)  
 DATE OF BIRTH July 28, 1853  
 (Month) (Day) (Year)  
 AGE 58 yrs. 10 mos. 25 ds. If LESS than 1 day, hrs. or min.  
 OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Rone Co. Tenn.  
 NAME OF FATHER Peter Mitchell  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Rone Co. Tenn.  
 MAIDEN NAME OF MOTHER Sydney Carter  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Rone Co. Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) W. A. Miller  
Thayer Mo.  
 (ADDRESS)  
 Filled Aug 20, 1912 REGISTRAR B Coep

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 23, 1912  
 (Month) (Day) (Year)  
 I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_,  
 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Supposed kidney disease  
No Physician  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) J. B. Coep M. D. Aug 20, 1912 (Address) Thayer 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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Clepton Cemetery DATE OF BURIAL June 25, 1912  
 UNDERTAKER None ADDRESS \_\_\_\_\_

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