

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

PLACE OF DEATH

County Barry

Township Flat Creek

or Village \_\_\_\_\_

or City \_\_\_\_\_

Registration District No. 29

Primary Registration District No. 5038

File No. 25368

Registered No. 38

FULL NAME Samuel N. Wade

(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 WIDOWED OR DIVORCED Widowed  
(Write the word)

DATE OF BIRTH Don't know, Don't know  
(Month) (Day) (Year)

AGE about 73 yrs. - mos. - ds. IF LESS than 1 day, hrs. or min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farming  
(b) General nature of industry, business, or establishment in which employed (or employer) 1-102

BIRTHPLACE (City or town, State or foreign country) Ireland

PARENTS NAME OF FATHER Don't know

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

MAIDEN NAME OF MOTHER Don't know

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. A. Verbeke

(ADDRESS) Cassville Mo

Filed Aug 26 1912 J. A. Verbeke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH August 25<sup>th</sup> 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from about August, 1909, to August 25<sup>th</sup>, 1912, that I last saw him alive on August 13<sup>th</sup>, 1912, and that death occurred, on the date stated above, at 4 A. M.

The CAUSE OF DEATH\* was as follows:  
Old age and disease of heart.

Contributory 950 (Duration) 97 yrs. 8 mos. 8 ds.

(Signed) S. L. Mitchell M. D.

Aug 25<sup>th</sup> 1912 (Address) Cassville 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 97 yrs. 8 mos. 8 ds. In the State 97 yrs. 8 mos. 8 ds.

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

PLACE OF BURIAL OR REMOVAL Cassville DATE OF BURIAL 8/25 1912

UNDERTAKER W. H. Conner ADDRESS Cassville

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.

INK

# 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.)



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

PLACE OF DEATH  
 County Barry  
 Township Flat Creek  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 29 File No. 25368  
 Primary Registration District No. 5038 Registered No. 30

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

FULL NAME Samuel N. Wade

## PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Don't know  
 (Month) (Day) (Year)

AGE about 73 yrs. mos. ds. IF LESS than 1 day, hrs. or mins.

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

Farming

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

BIRTHPLACE  
 (City or town, State or foreign country)

Ireland

NAME OF FATHER

Don't know

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

Ireland

MAIDEN NAME OF MOTHER

Don't know

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

Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) F. A. Herbert

(ADDRESS) Cassville, Mo.

Filed Nov 2 1912 J. L. Humphreys  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 25, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug. 19, 1912, to Aug. 25, 1912, that I last saw him alive on Aug. 13, 1912.

and that death occurred, on the date stated above, at 40 m.

The CAUSE OF DEATH\* was as follows:

Old age & disease of heart Nov. 6<sup>th</sup> 1912 - As I now remember his case. Arteriosclerosis & old age.

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed)

J. S. Mitchell M. D.  
Aug 25, 1912 (Address) Cassville, 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

Cassville

DATE OF BURIAL

8/25, 1912

UNDERTAKER

P. E. Horine

ADDRESS

Cassville Mo.

# Revised United States Standard Certificate of Death

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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.)