

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 _____

or Village _____

or City P. B.

Registration District No. 89

Primary Registration District No. 3007

File No. 25552

Registered No. 168

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

FULL NAME George W. White

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>Black</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
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DATE OF BIRTH _____
(Month) (Day) (Year) Aug 2 1912

AGE 13 4 yrs. _____ mos. _____ ds.
If LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Poplar Bluff Mo

PARENTS	NAME OF FATHER <u>John Dow White</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) _____
	MAIDEN NAME OF MOTHER _____
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Levie White & the male

(ADDRESS) East Oak

Filed Aug 6 1912 Annie Clark
Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 4 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 2 1912 to Aug 3 1912, that I last saw him alive on Aug 3 1912 and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH* was as follows:
Pneumonia Acute
100
(Duration) 2 yrs. _____ mos. 14 ds.

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

(Signed) A. Windsor M. D.
Aug 4 1912 (Address) Poplar Bluff 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 <u>Butte</u>	DATE OF BURIAL <u>Aug 6 1912</u>
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UNDERTAKER Frank S. G. P. B. Mo.

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 indefinite; 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.)

Charles Patterson
Bryant

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County ButlerREGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.Township _____
or
Village _____
or
City Poplar Bluffs (MO.)Registration District No. 89
Primary Registration District No. 3007File No. 25332
Registered No. 168

FULL NAME

George W. White[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 colored SINGLE MARRIED married
WIDOWED OR DIVORCED
(Write the word)

DATE OF BIRTH

1868
(Month) (Day) (Year)

AGE

44 yrs. mos. ds. If LESS than
1 day, hrs. or mins.

OCCUPATION

(a) Trade, profession, or
particular kind of workminister(b) General nature of industry,
business, or establishment in
which employed (or employer)

BIRTHPLACE

(City or town, State
or foreign country)Poplar Bluffs

NAME OF FATHER

David White

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Missouri

MAIDEN NAME OF MOTHER

Esther King

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Missouri

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Sylvie White
Carl, Ark.

Filed

Oct 8, 1912A R Rowe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Aug. 4, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Aug. 2, 1912, to Aug. 3, 1912that I last saw him alive on Aug. 3, 1912and that death occurred, on the date stated above, at About 2 a. m.

The CAUSE OF DEATH* was as follows:

Pneumonia Lobar(Duration) yrs. mos. ds. 14

Contributory

(SECONDARY) (Duration) yrs. mos. ds.

(Signed) A. Windsor M. D.Aug. 4, 1912 (Address) Poplar Bluff

*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

Poplar Bluff

DATE OF BURIAL

Aug. 6, 1912

UNDERTAKER

Frank L & U.

ADDRESS

Poplar Bluff

Every item of information shown on this certificate should be stated in plain terms. CAUSE OF DEATH in plain terms. Every item of information shown on this certificate should be stated in plain terms. CAUSE OF DEATH in plain terms. Every item of information shown on this certificate should be stated in plain terms. CAUSE OF DEATH in plain terms.

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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.)