

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty HowellTownship LissonRegistration District No. 388File No. 26165

Village _____

Primary Registration District No. 1042Registered No. 10

City _____ (NO. _____)

St.: _____ Ward _____

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

FULL NAME Harold Leroy Sheldon

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE _____ SINGLE MARRIED Single WIDOWED OR DIVORCED (Write the word)DATE OF BIRTH July 1, 1911 (Month) (Day) (Year)AGE 1 yrs. 1 mos. 21 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Howell Co MO.NAME OF FATHER Harry SheldonBIRTHPLACE OF FATHER (City or town, State or foreign country) WisconsinMAIDEN NAME OF MOTHER Marie SieffelBIRTHPLACE OF MOTHER (City or town, State or foreign country) Wisconsin

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harry Sheldon(ADDRESS) Penona MOFiled Aug 21, 1912 J. H. Hendrix REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 21, 1912 (Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Aug 20, 1912, to Aug 21, 1912, that I last saw him alive on Aug 20, 1912, and that death occurred, on the date stated above, at 1:30 am.The CAUSE OF DEATH* was as follows: Acute Gastritis

11 1/2 hrs. (Duration) yrs. 0 mos. 1 ds.

Contributory (SECONDARY) (Duration) yrs. 0 mos. 0 ds.

(Signed) J. H. Hendrix M. D. Aug 21, 1912 (Address) White Church, 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 West Plains MO. DATE OF BURIAL Aug 21, 1912UNDERTAKER McFarland and Co ADDRESS West Plains MO

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*, *peritonaeum*, 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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Howell
Township Sisson
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 388 File No. 26/65
Primary Registration District No. 5542 Registered No. 10

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

FULL NAME Harold Leroy Sheldon

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single (Write the word)
DATE OF BIRTH July 1, 1911 (Month) (Day) (Year)
AGE 1 yrs. - 1 mos. - 21 ds. If LESS than 1 day, hrs. or mins.
OCCUPATION (a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Howell, Mo.

PARENTS
NAME OF FATHER Harry Sheldon
BIRTHPLACE OF FATHER (City or town, State or foreign country) Wisconsin
MAIDEN NAME OF MOTHER Maude Sieppel
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Wisconsin

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Harry Sheldon
(ADDRESS) Panora, Mo.

Filed Aug 21 1912 J. F. Hendrix REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug. 21, 1912 (Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Aug. 20, 1912, to Aug. 21, 1912, that I last saw him alive on Aug. 20, 1912, and that death occurred, on the date stated above, at 1:50 a. m.

The CAUSE OF DEATH* was as follows:
acute Gastritis
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. F. Hendrix M. D. Aug. 21 1912 (Address) Whitechurch, 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 West Plains, Mo. DATE OF BURIAL Aug. 21, 1912
UNDERTAKER McFarland Und. Co. ADDRESS West Plains, Mo.

MARGIN RESERVED FOR BINDING

V. S. No. 2

CAUSE OF DEATH PLAINLY, WITH UNFADING INK. It should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION in very important.

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.)