

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.

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

PLACE OF DEATH New Madrid ✓
 County Como
 Township Como Registration District No. 605 File No. 26959
 or
 Village _____ Primary Registration District No. 5804 Registered No. _____
 or
 City _____ (NO. _____) St. _____ Ward _____

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

FULL NAME Samuel O Nelson

| 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>May 23, 1860</u> <small>(Month) (Day) (Year)</small> | | | |
| AGE <u>52 yrs. 3 mos. 5 ds.</u> | | IF LESS than 1 day, _____ hrs. or _____ min.? | |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Mill foreman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>saw mill</u> | | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Wisconsin</u> | | | |
| PARENTS | NAME OF FATHER <u>Nelson, Shureson</u> | | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Norway</u> | | |
| | MAIDEN NAME OF MOTHER <u>Ingeborg</u> | | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Norway</u> | | |
| THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE | | | |
| (Informant) <u>Anna Nelson</u> | | | |
| (ADDRESS) <u>Como Mo</u> | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|--|---------------------------------------|
| DATE OF DEATH <u>Aug 28, 1912</u> <small>(Month) (Day) (Year)</small> | |
| I HEREBY CERTIFY, that I attended deceased from <u>about July 30, 1912</u> , to <u>Aug 28, 1912</u> , that I last saw <u>him</u> alive on <u>Aug 27, 1912</u> , and that death occurred, on the date stated above, at <u>10</u> m. | |
| The CAUSE OF DEATH* was as follows: <u>Malaria</u> <u>38</u> <u>JK</u> <u>about</u> <small>(Duration) _____ yrs. _____ mos. _____ ds.</small> | |
| Contributory <u>St. Chas's (Chowie)</u> <u>about</u> <small>(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.</small> | |
| (Signed) <u>C. S. Blackman</u> M. D. <u>Aug 28, 1912</u> (Address) <u>Poma 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 _____ | |
| PLACE OF BURIAL OR REMOVAL <u>Shoup Hall B.D.</u> | DATE OF BURIAL <u>Sept 2, 1912</u> |
| UNDERTAKER <u>W. G. G. G.</u> | ADDRESS <u>Malden Mo</u> |

Filed Aug 28, 1912 C. S. Blackman
 REGISTRAR

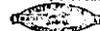
Revised United States Standard Certificate of Death

[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, 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.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County

New Madrid

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

Township

Como

Registration District No.

605

File No.

26957

Village

Primary Registration District No.

5804

Registered No.

City

(NO.

St.

Ward)

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

FULL NAME

Samuel O. Nelson

PERSONAL AND STATISTICAL PARTICULARS

SEX

male

COLOR OR RACE

white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

married

DATE OF BIRTH

May 23, 1860

AGE

52 yrs. 3 mos. 5 ds.

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

Mill foreman

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

saw mill

BIRTHPLACE

(City or town, State or foreign country)

Wisconsin

NAME OF FATHER

Nels S. Sureson

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Norway

MAIDEN NAME OF MOTHER

Wetgreen Ingeberg

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Norway

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Anna Nelson

(ADDRESS)

Como, Mo.

Filed

Aug 28, 1912

REGISTRAR

UNDERTAKER

W. L. Craig

ADDRESS

Malden, Mo.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Aug. 28, 1912

I HEREBY CERTIFY, that I attended deceased from

about July 30, 1912, to Aug. 28, 1912

that I last saw him alive on *Aug. 27, 1912*

and that death occurred, on the date stated above, at *9 A.M.*

The CAUSE OF DEATH* was as follows:

Malaria

(Duration) yrs. mos. ds.

Contributory

ileo-colitis (chronic)

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *C. S. Blackman* M. D.

Aug. 28, 1912 (Address) *Parma, 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

Sioux Falls S.D.

DATE OF BURIAL

Sept. 2, 1912

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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 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.)