

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

PLACE OF DEATH  
*Waverly*  
County  
Township  
or  
Village *Marionville*  
or  
City *Mo.* (NO. \_\_\_\_\_) Ward \_\_\_\_\_

Registration District No. *874* File No. *28284*  
Primary Registration District No. ~~557B~~ Registered No. \_\_\_\_\_  
St. \_\_\_\_\_

FULL NAME *Wilmington Mc Hartman*

[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 (Write the word)

DATE OF BIRTH *Oct 7*, 19 *15*  
(Month) (Day) (Year)

AGE *6* yrs. *10* mos. *7* ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work *None* (b) General nature of industry, business, or establishment in which employed (or employer) *X*

BIRTHPLACE (City or town, State or foreign country) *Barton Co Mo.*

PARENTS NAME OF FATHER *Joe Boyd Hartman* BIRTHPLACE OF FATHER (City or town, State or foreign country) *Marionville Mo.* MAIDEN NAME OF MOTHER *Miss Belle McRaynor* BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Warth Co Mo.*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *John Boyd Hartman* (ADDRESS) *Marionville Mo.*

Filed *Aug 1*, 1912. *O. Parrington* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Aug 1*, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *June 27*, 1912, to *July 31*, 1912, that I last saw him alive on *July 31*, 1912, and that death occurred, on the date stated above, at *6 a.m.*

The CAUSE OF DEATH\* was as follows:  
*Infantile Paralysis*  
*16*

(Duration) *1* yrs. *3* mos. *3* ds.

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. (Signed) *O. Parrington* M. D. (Address) *Marionville 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 *Worsley* DATE OF BURIAL *Aug 2*, 1912

UNDERTAKER *John Donaldson* ADDRESS *Marionville Mo.*

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.

FILED WITH UNFOLDING LABEL

# 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

Vernon

Township

or Village

or

City

Moundville

Registration District No.

Primary Registration District No.

874

4528

File No.

Registered No.

28484

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

FULL NAME

Wellington M. Hartman

PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

male

white

DATE OF BIRTH

Oct. 7, 1905  
(Month) (Day) (Year)

AGE

6 yrs. 10 mos. 9 ds.  
If LESS than 1 day, hrs. or min.

OCCUPATION

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

none

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

BIRTHPLACE

(City or town, State or foreign country)

Barton Co. Mo.

PARENTS

NAME OF FATHER

John Boyd Hartman

BIRTHPLACE OF FATHER

Vernon Co. Mo.

MAIDEN NAME OF MOTHER

Lola Belle McPey

BIRTHPLACE OF MOTHER

Worth Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John Boyd Hartman

(ADDRESS)

Moundville, Mo.

Filed

Aug 1, 1912

at

Paris, Mo.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Aug. 1, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

June 27, 1912, to July 31, 1912

that I last saw him alive on July 31, 1912

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH\* was as follows:

Infantile paralysis

Acute Polio myelitis

Contributory

(SECONDARY)

(Signed)

Aug. 1, 1912 (Address) Moundville, Mo. M. D.

\*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

Worsley

DATE OF BURIAL

Aug. 2, 1912

UNDERTAKER

John Donaldson

ADDRESS

Moundville, Mo.

Original file date

AUG

19

All information called for must be written on this Supplementary Certificate.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY AND LEGIBLY—THIS IS A PERMANENT RECORD

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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.)