PLACE OF DEATH

unt Scotland

wnship Harrison

age

(NO. , St.: Ward)

**BUREAU OF VITAL STATISTICS**
**CERTIFICATE OF DEATH**

Registration District No. 809 File No. 31605

Primary Registration District No. 6054 Registered No. 11

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

**FULL NAME** Daniel Warden Hayden

## PERSONAL AND STATISTICAL PARTICULARS

| X | COLOR OR RACE | SINGLE MARRIED ~~WIDOWED~~ OR DIVORCED (*Write* the word) |
|---|---|---|
| M | W | |

TE OF BIRTH Nov 29, 1819 (Month) (Day) (Year)

S 92 yrs. 9 mos. 8 ds. If LESS than 1 day, ....hrs. or ....min.?

CUPATION Trade, profession, or ticular kind of work Farmer

General nature of industry, ness, or establishment in h employed (or employer) Farming

THPLACE or town, or foreign country) Harden Co Ky

NAME OF FATHER Daniel Hayden

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

MAIDEN NAME OF MOTHER Hannah Shackleff

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

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

ormant) John Hayden

(ADDRESS) Gorin Mo

4/17th 1912 B F Edwin REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sep (Month) 7 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from ....., 191..., to ....., 191..., that I last saw h.... alive on ....., 191..., and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:

Diabetes

59

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

Contributory (SECONDARY)

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

(Signed) No doctor in attendance M. D.

8 191.. (Address)

*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 | DATE OF BURIAL |
|---|---|
| Gorin Mo | Sep 8, 1912 |
| UNDERTAKER | ADDRESS |
| Fay Congdon | Gorin |

MISSOURI STATE BOARD OF HEALTH

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

**PLACE OF DEATH**

County.....

Township ..... Registration District No. ..... File No. .....

*or*

Village..... Primary Registration District No. ..... Registered No. .....

*or*

City ..... (NO. ....., ..... St.; ..... Ward)

[If death occurre hospital or ins give its NAME of street and num

**FULL NAME** .....

## PERSONAL AND STATISTICAL PARTICULARS

| SEX | COLOR OR RACE | SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word) |
|---|---|---|
| | | |

DATE OF BIRTH

..... , *1*.....
(Month) (Day) (Year)

AGE

.....yrs. .....mos. .....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)

PARENTS

NAME OF FATHER

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).....

(ADDRESS).....

Filed ....., 191...., .....
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

.....,
(Month) (Day)

I HEREBY CERTIFY, that I attended decease

....., 191...., to ..... 1

that I last saw h..... alive on .....

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

The CAUSE OF DEATH* was as follows:

.....

.....

.....

.....(Duration).....yrs. .....mos.

Contributory.....
(SECONDARY)

.....(Duration).....yrs. .....mos.

(Signed).....

....., 191.... (Address).....

*State the Disease Causing Death, or, in deaths from Violent (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS RECENT RESIDENTS)

At place of death.....yrs. .....mos. .....ds. In the State.....yrs. .....mos.

Where was disease contracted if not at place of death? .....

Former or usual residence.....

| PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL |
|---|---|
| | |

| UNDERTAKER | ADDRESS |
|---|---|
| | |

THIS IS A PERMANENT RECORD

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

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

PLACE OF DEATH

County Scotland

Township Harrison

Registration District No. 809 File No.

Primary Registration District No. 6054 Registered No. 11

(NO. St.: Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Daniel Warden Hayden

SUPPLEMENTARY

**PERSONAL AND STATISTICAL PARTICULARS**

COLOR OR RACE W. SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) W.

BIRTH Nov. 29, 1819 (Month) (Day) (Year)

92 yrs. 9 mos. 8 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION profession, or kind of work Farmer

general nature of industry, establishment in employed (or employer)

PLACE (town, foreign country) Hardin Co. Ky.

NAME OF FATHER Daniel Hayden

BIRTHPLACE OF FATHER (City or town, State or foreign country) Fayette Co. Pa.

MAIDEN NAME OF MOTHER Hannah Shacklett

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know X

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Hayden X

(ADDRESS) Gorin, Mo.

X 191 [signature] X REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Sept. 7, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from , 191 , to , 191 , that I last saw h alive on , 191 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Diabetis

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) No phys in attendance X M. D.

X 191 (Address) X

*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 Gorin, Mo. DATE OF BURIAL Sept. 8 1912

UNDERTAKER Fay Congdon ADDRESS Gorin

Original file, date SEP 7 1912 All information called for must be written on this Supplementary Certificate.

# 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, peritonaeum*, etc., *Carcinoma, Sarcoma*, 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 *septichaemia*," "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.)