

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	Barry		Registration District No.	20	File No. 31908
Township	Monett		Primary Registration District No.	3003	Registered No. 69
City	Monett		St.		Ward)
FULL NAME			Charlie Allen Andrews		
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH		
Male	White	Married	Oct 2, 1912 (Month) (Day) (Year)		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
Oct 14, 1873 (Month) (Day) (Year)			Sept. 29, 1912, to Oct. 2, 1912,		
AGE			that I last saw him alive on Oct. 2, 1912,		
38 yrs. 11 mos. 2 ds.			and that death occurred, on the date stated above, at 6 a.m.		
OCCUPATION			The CAUSE OF DEATH* was as follows:		
(a) Trade, profession, or particular kind of work			Uremic Convulsions		
(b) General nature of industry, business, or establishment in which employed (or employer)			130		
Surgeon			1912		
Railroad			Duration yrs. mos. ds.		
BIRTHPLACE			Contributory		
(City or town, State or foreign country)			(SECONDARY)		
Harrison Ark.			Duration yrs. mos. ds.		
PARENTS	NAME OF FATHER		(Signed) M. C. Hagler M. D.		
	James Andrews		Oct. 2, 1912 (Address) Monett, Mo.		
	BIRTHPLACE OF FATHER		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	(City or town, State or foreign country)		Ark.		
MAIDEN NAME OF MOTHER		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
Mead Vaught		At place of death yrs. mos. ds. In the State yrs. mos. ds.			
BIRTHPLACE OF MOTHER		Where was disease contracted if not at place of death?			
(City or town, State or foreign country)		Former or usual residence			
Ken		PLACE OF BURIAL OR REMOVAL			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		G. O. P. term			
(Informant) Mrs Sam Clutter		DATE OF BURIAL			
(ADDRESS) Monett, Mo.		Oct 3, 1912			
Filed Oct 2, 1912		UNDERTAKER			
REGISTRAR		J. Thomas S. or Monett 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*, *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.)



N. B.—Every item of information should be fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, not in technical terms, and may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County Barry
 Township _____
 or _____
 Village _____
 or _____
 City Monett (NO. _____ St. _____ Ward _____)

REGISTRARS SHALL NOT RE-BUREAU OF VITAL STATISTICS
 CEIVE A FEE FOR CERTIFICATES
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW.

Registration District No. 30 File No. 31908
 Primary Registration District No. 3003 Registered No. 69

FULL NAME Charlie Allen Andrews

(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 divorced
 MARRIED divorced
 OR DIVORCED
 (Write the word)

DATE OF BIRTH Oct. 14, 1873
 (Month) (Day) (Year)

AGE 38 yrs. 11 mos. 2 ds. IF LESS than
 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE
 (City or town, State or foreign country) Harrison Ark.

PARENTS
 NAME OF FATHER James Andrews
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ark.
 MAIDEN NAME OF MOTHER Mead Vaught
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ken.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Sauer Clutter
 (ADDRESS) Monett, Mo.

Filed Oct. 2, 1912 REGISTRAR J. Thomas & Son

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 2, 1912
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 29, 1912, to Oct. 2, 1912, that I last saw him alive on Oct. 2, 1912, and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:
Arterial degeneration
perhaps due to
acute nephritis
 (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) M. C. Hagler M. D.
Oct. 2, 1912 (Address) Monett, 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 _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL F.O.D. Cem. DATE OF BURIAL Oct. 3, 1912

UNDERTAKER J. Thomas & Son ADDRESS Monett, Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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