

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.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
PLACE OF DEATH County <u>Scott</u> Township <u>Keels</u> Village _____ City <u>Keels</u> (NO. _____) St. _____ Ward _____			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH	
FULL NAME <u>William Perry Newberry</u>			Registration District No. <u>1155</u> File No. <u>34985</u> Primary Registration District No. <u>6065B</u> Registered No. _____	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>single</u> WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH <u>October 11</u> , 191 <u>2</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>October 25</u> , 188 <u>6</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>October 2</u> , 191 <u>2</u> , to <u>Oct 11</u> , 191 <u>2</u> , that I last saw her alive on <u>Oct 11</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>3:20 p.m.</u>	
AGE <u>25</u> yrs. <u>11</u> mos. <u>16</u> ds. If LESS than 1 day, ... hrs. or ... min.?			The CAUSE OF DEATH* was as follows: <u>Hemoptysis was caused due to tuberculosis - 23H</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>City Clerk</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Keeping books for City</u>			(Duration) _____ yrs. _____ mos. <u>9</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Crawford Co., Indiana</u>			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>John Rausseph Newberry</u>		(Signed) <u>L. S. Mayfield</u> M. D. <u>Oct 11</u> , 191 <u>2</u> (Address) <u>Leeds Mo.</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Harrison Co., Indiana</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Sarah Monaghan</u>		LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Marietta Ohio</u>		At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Carly Newberry</u> (ADDRESS) <u>Leeds Mo.</u>			Where was disease contracted if not at place of death? _____ Former or usual residence _____	
Filed <u>Oct 11</u> , 191 <u>2</u> <u>L. S. Mayfield</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Mt. Carmel Illinois</u> DATE OF BURIAL <u>Oct 13</u> , 191 <u>2</u> UNDERTAKER <u>P. Driscoll</u> ADDRESS <u>Four feet Mo.</u>	

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.)



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PLACE OF DEATH

County Scott
Township Kelso
or
Village
or
City (NO. _____ St.; _____ Ward)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Registration District No. 1155 File No. 34985
Primary Registration District No. 606579 Registered No. _____

FULL NAME William Perry Newberry

(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 single
(Write the word)

DATE OF BIRTH Oct. 25, 1886
(Month) (Day) (Year)

AGE 25 yrs. 11 mos. 16 ds. If LESS than 1 day, _____ hrs. or _____ min.?

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

BIRTHPLACE (City or town, State or foreign country) Crawford Co. Ind.

PARENTS NAME OF FATHER John Randolph Newberry
BIRTHPLACE OF FATHER (City or town, State or foreign country) Harrison Co. Ind.
MAIDEN NAME OF MOTHER Sarah Moneyhau
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Marietta Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Court Newberry
(ADDRESS) Illino, Mo.

Filed 10/11 # 191 # L.S. Mayfield REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct. 11, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct. 2, 1912, to Oct. 11, 1912, that I last saw him alive on Oct. 11, 1912, and that death occurred, on the date stated above, at 3:20 p.m.

The CAUSE OF DEATH* was as follows: Phthisis pulmonalis
(Duration) _____ yrs. _____ mos. 9 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) L.S. Mayfield M. D. Oct. 11, 1912 (Address) Illino, 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 Mt. Carmel Ill. DATE OF BURIAL Oct. 13, 1912
UNDERTAKER P. Brissenden ADDRESS Formfelt

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.)