

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

PLACE OF DEATH

County Barton

Township _____

Registration District No. 40

File No. 35262-a

or Village _____

Primary Registration District No. 4024

Registered No. _____

or City Lamar

(NO. _____) (St. _____) (Ward _____)

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

FULL NAME James H. Steelman

PERSONAL AND STATISTICAL PARTICULARS

SEX m COLOR OR RACE white SINGLE MARRIED married
WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH August 15, 1846
(Month) (Day) (Year)

AGE 66 yrs. 3 mos. 6 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Real Estate agent
(b) General nature of industry, business, or establishment in which employed (or employer) H-O-I

BIRTHPLACE (City or town, State or foreign country) Greene Co. Illinois

NAME OF FATHER Alexander Steelman

BIRTHPLACE OF FATHER (City or town, State or foreign country) North Carolina

MAIDEN NAME OF MOTHER Catherine Meddy

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Alex Steelman

(ADDRESS) Barton, Mo.

Filed Nov. 21, 1912 Registrar Hyatt Humphrey

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 21, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 13, 1912, to Nov 21, 1912, that I last saw him alive on Nov 20, 1912, and that death occurred, on the date stated above, at 3:20 p.m.

The CAUSE OF DEATH* was as follows:
Hemorrhage Cerebral - X
grip
grip
(Duration) yrs. ____ mos. 8 ds.

Contributory (SECONDARY) (Duration) yrs. ____ mos. ____ ds.
(Signed) L. D. Allee M. D.
Nov 21, 1912 (Address) Lamar 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 Lake Cemetery Lamar Mo DATE OF BURIAL Nov 21, 1912

UNDERTAKER Hyatt Humphrey ADDRESS Lamar Mo

UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City _____ (NO. _____)

Registration District No. _____

File No. _____

Primary Registration District No. _____

Registered No. _____

St. _____ Ward _____

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX _____	COLOR OR RACE _____	SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word)
DATE OF BIRTH _____	(Month) _____ (Day) _____ (Year) _____	
AGE _____	IF LESS than 1 day hrs. or min. ?	
OCCUPATION _____	_____ yrs. _____ mos. _____ ds.	
(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) _____

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 _____

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

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____ (Month) _____, 191 _____ (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 _____ in _____

The CAUSE OF DEATH* was as follows:

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

Contributory

(secondary)

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

(Signed) _____

_____ 191 _____ (Address) _____

M. D. _____

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place _____ yrs. _____ mos. _____ ds. 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 _____, 191 _____

UNDERTAKER _____

ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK—THIS IS A

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important.

This certificate is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County

Barton

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

Township

Registration District No.

40

File No.

45

Village

Primary Registration District No.

4024

Registered No.

City

Lamar

(NO.

St.

Ward)

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

FULL NAME

James H. Steelman

PERSONAL AND STATISTICAL PARTICULARS.

SEX m COLOR OR RACE w SINGLE MARRIED WIDOWED OR DIVORCED m. (Write the word)

DATE OF BIRTH

August 15, 1846
(Month) (Day) (Year)

AGE

66 yrs 3 mos 6 ds.

If LESS than 1 day, ____ hrs or ____ mins

OCCUPATION

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

Real Estate Agent

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

BIRTHPLACE

(City or town, State or foreign country)

Greene Co. Ill.

NAME OF FATHER

Alexander Steelman

BIRTHPLACE OF FATHER

North Carolina

MAIDEN NAME OF MOTHER

Catherine Maddie

BIRTHPLACE OF MOTHER

Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Alex. Steelman

(ADDRESS)

Resler Mo

Filed

Nov. 21, 1912J. L. McComb

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Nov. 21, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

Nov. 13, 1912, to Nov. 21, 1912that I last saw him live on Nov. 20, 1912and that death occurred, on the date stated above, at 3:20 a.m.

The CAUSE OF DEATH* was as follows:

Hemorrhage cerebral caused by rupture of blood vessel, arteriosclerosis(Duration) - yrs. - mos. 8 ds.

Contributory

(SECONDARY)

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

(Signed)

E. D. Allee

M. D.

Nov. 21, 1912 (Address) Lamar 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

Lake Cerr. Lamar Mo

DATE OF BURIAL

Nov. 21, 1912

UNDERTAKER

Robert Humphrey

ADDRESS

Lamar Mo

Original file, date

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

WRITE PLAINLY, WITH UNFADING INK. THIS IS AN PERMANENT RECORD

N. B.—Every fee on this form is especially applied. AGE should be stated EXACTLY. PHYSICIANS should state on certificate the cause of death in plain English, and the manner in which it was caused. Exact statement of OCCUPATION is very important.

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*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

35262A

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.)