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

PLACE OF DEATH

County Scott Sandy Woods

Township ~~[illegible]~~ or Village ~~[illegible]~~ or City _____ (NO. _____ St.: _____ Ward)

Registration District No. 815 File No. 38001

Primary Registration District No. 6064 Registered No. 66

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

FULL NAME James Albert Kilpatrick

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
Male	White	Single

DATE OF BIRTH Nov (Month) 24 (Day), 1911 (Year)

AGE — yrs. 10 mos. 28 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) Evansville Ind

PARENTS
NAME OF FATHER John Kilpatrick
BIRTHPLACE OF FATHER (City or town, State or foreign country) Overton Co Tenn
MAIDEN NAME OF MOTHER Mary E. Hilhite
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Fort Branch Ind

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Gilpatrick
(ADDRESS) Benton Mo

Filed Nov 6, 1912 F L Gilpatrick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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DATE OF DEATH Oct 20 (Month) 1 (Day), 1912 (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 10, 1912, to Oct 20, 1912, that I last saw h in live on Oct 15, 1912, and that death occurred, on the date stated above, at 3 P m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum
119A
158 (Duration) 4 yrs. 3 mos. ___ ds.

Contributory (SECONDARY) Improper feeding (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) A L Seabaugh M. D.
Oct 21, 1912 (Address) Blodgett

8 *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 Blodgett
DATE OF BURIAL 10-23, 1912
UNDERTAKER B F Marshall Mco
ADDRESS Blodgett Mo

...n of inform... should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...L OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

ted States Standard Certificate of Death

U. S. Census and American Public Health Association]

occupation.—Precise statement of oc- important, so that the relative health- bus pursuits can be known. The ques- each and every person, irrespective of occupations a single word or term on ll be sufficient, e. g., *Farmer* or *Planter, positor, Architect, Locomotive engineer, Stationary fireman*, etc. But in many in industrial employments, it is neces- (*a*) the kind of work and also (*b*) the business or industry, and therefore an is provided for the latter statement; it only when needed. As examples: (*a*) *otton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*b*) *Automobile factory.* The material y form part of the second statement. "Laborer," "Foreman," "Manager," without more precise specification, as *Farm laborer, Laborer—Coal mine*, etc. he, who are engaged in the duties of the (not paid *Housekeepers* who receive a , may be entered as *Housewife, House- me*, and children, not gainfully employed, r *At home.* Care should be taken to re- the occupations of persons engaged in e for wages, as *Servant, Cook, House-* he occupation has been changed or given of the DISEASE CAUSING DEATH, state oc- ginning of illness. If retired from busi- t may be indicated thus: *Farmer (re-* For persons who have no occupation e *None.*

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, Sar-*

coma, etc., of ..... (name origin less definite; avoid use of "Tumor" neoplasms); *Measles; Whooping cough; lar heart disease; Chronic interstitial nep* contributory (secondary or intercurrent) not be stated unless important. Example ease causing death), *29 ds.; Bronchopn* ondary), *10 ds.* Never report mere sy minal conditions, such as "Asthenia; (merely symptomatic), "Atrophy," "Coll "Convulsions," "Debility" ("Congenital," "Dropsy," "Exhaustion," "Heart failu rhage," "Inanition," "Marasmus," "Old "Uraemia," "Weakness," etc., when a can be ascertained as the cause. Alw diseases resulting from childbirth or "PUERPERAL *septichaemia,*" "PUERPERAL State cause for which surgical operati taken. For VIOLENT DEATHS state MEANS qualify as ACCIDENTAL, SUICIDAL, or HO *probably* such, if impossible to deter Examples: *Accidental drowning; Stru train—accident; Revolver wound of h Poisoned by carbolic acid—probably sui* ture of the injury, as fracture of sk quences (e. g., *sepsis, tetanus*) may be st head of "Contributory." (Recommenda ment of cause of death approved by Nomenclature of the American Medica

County

Missouri

To

HUGH STEPHENS, JEFFERSON CITY.