

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.

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

PLACE OF DEATH

County Cape Girardeau Registration District No. 128 File No. 38574

Township Apple Creek Primary Registration District No. 576A Registered No. 23

Village _____ or _____ City _____ (NO. _____ St. _____ Ward _____)

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

FULL NAME Oscar Russell Tibler

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>Nov. 15</u> , 18 <u>97</u> (Month) (Day) (Year)		
AGE <u>15</u> yrs. <u>1</u> mos. <u>3</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Had no occupation</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Apple Creek TP Cape Girardeau Co Mo.</u>		
PARENTS	NAME OF FATHER <u>Henry Tibler</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>White water TP Bond County Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Susan G. Phillips</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Apple TP Cape Girardeau Co Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 18, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from from time, 1912; to since, 1912, that I last saw him alive on April 14, 1912, and that death occurred, on the date stated above, at 12 m. The CAUSE OF DEATH* was as follows:
Infantile Spinal Paralysis and Debility

Contributory 87B 16 15 yrs. ___ mos. ___ ds.
(SECONDARY) (Duration) (Address) Oakridge Mo.

(Signed) Jos. J. Lewis M. D.
Dec 18, 1912 (Address) Oakridge 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 <u>Old Baptist cemetery</u>	DATE OF BURIAL <u>Dec 19</u> , 191 <u>2</u>
UNDERTAKER <u>W D Cummings</u>	ADDRESS <u>Oakridge Mo</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Henry Tibler
(ADDRESS) Oakridge Mo.

Filed Dec 18, 1912 H. B. Nuttall
REGISTRAR

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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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES WHEN THEY ARE COMPLETED AS PRESCRIBED BY LAW. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

PLACE OF DEATH: Cape Girardeau
County: Cape Girardeau
Township: Apple Creek
Village:
City: (NO. St.: Ward)

Registration District No. 128 File No.
Primary Registration District No. 5176 B Registered No. 23

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

FULL NAME Oscar Russell Kibler

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED OR DIVORCED single
DATE OF BIRTH Nov. 15, 1897
AGE 15 yrs. 1 mos. 3 ds. If LESS than 1 day, hrs. or min.?

OCCUPATION (a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Cape Gir. Co.

PARENTS NAME OF FATHER Henry Kibler
BIRTHPLACE OF FATHER (City or town, State or foreign country) Boone Co.
MAIDEN NAME OF MOTHER Susan G. Phillip
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Cape Gir. Co.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Henry Kibler
(ADDRESS) Oakridge, Mo.

Filed Feb 7 1913 H. B. Kuttrell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 18, 1912 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from ~~from~~ ^{from time since} ~~from~~ ^{birth} ~~from~~ ^{April 14, 1912} ~~from~~ ^{April 14, 1912} that I last saw him ~~on~~ ^{on} ~~the~~ ^{the} ~~date~~ ^{date} ~~stated~~ ^{stated} ~~above~~ ^{above}, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows: Infantile spinal paralysis and imbecility, rising from Poliomyelitis, or Infantile Cerebral Paralysis. (Duration) 15 yrs. 1 mos. 3 ds.

Contributory none known (Duration) yrs. mos. ds.

(Signed) Geo. J. Ellis M. D. Dec. 18, 1912 (Address) Oakridge, 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 Old Baptist Cem. DATE OF BURIAL Dec. 19, 1912

UNDERTAKER W. W. Clingingsmith ADDRESS Oakridge

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 "*Asithenia*," "*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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