

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

PLACE OF DEATH

County Iron  
Township Arcadia  
or  
Village  
or  
City

Registration District No. 391 File No. 39150  
Primary Registration District No. 5546a Registered No. 45  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME

John Milburn

PERSONAL AND STATISTICAL PARTICULARS

SEX Man COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

DATE OF BIRTH August 16<sup>th</sup>, 1861  
(Month) (Day) (Year)

AGE 51 yrs. 3 mos. 28 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) Iron County, Mo

PARENTS  
NAME OF FATHER Jonathan Milburn  
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) G. L. Wren  
(ADDRESS) Arcadia Mo

Filed Dec 15 1912 R. N. Gay  
by Nannie Walker REGISTRAR  
Depl.

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 28, 1912, to Dec 14, 1912, that I last saw him alive on Dec 14, 1912, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH was as follows: Dropsy of Abdomen with liver and heart complications  
174 (Duration) 16 yrs. 6 mos. 1 ds.

Contributory (SECONDARY) \_\_\_\_\_  
(Signed) E. J. Barnhouse M. D.  
Dec 14, 1912. (Address) Iron 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 Polks cem DATE OF BURIAL Dec 16, 1912

UNDERTAKER John Albert ADDRESS Iron Mo

ONLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. 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*, *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.)



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

PLACE OF DEATH  
 County Iron  
 Township Arcadia  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St.: \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 391 File No. \_\_\_\_\_  
 Primary Registration District No. 5546a Registered No. 45

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

FULL NAME John Milburn

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Aug. 16, 1861  
 (Month) (Day) (Year)

AGE 51 yrs. 3 mos. 28 ds. IF LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE (City or town, State or foreign country) Iron Co. Mo.

PARENTS  
 NAME OF FATHER Jonathan Milburn  
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown  
 MAIDEN NAME OF MOTHER W. G. ...  
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) W. Kansas

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 Informant) B. L. Wren  
 (ADDRESS) Arcadia, Mo.

Filed Mar 10 1912 by R. W. Gay REGISTRAR  
By Nannie M. ...

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 14, 1912  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 28, 1912, to Dec. 14, 1912, that I last saw him alive on Dec. 1, 1912, and that death occurred, on the date stated above, at 2a, m.

THE CAUSE OF DEATH\* was as follows:  
Obesity of abdomen with liver & heart complication.  
Cirrhosis of Liver  
 (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_  
 (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
 (Signed) E. R. G. Bagshaw M. D.  
Dec. 14 1912 (Address) Fronton 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 Polk's Cem. DATE OF BURIAL Dec. 16, 1912

UNDERTAKER John Albert ADDRESS Fronton Mo.

CH UNPAD. REV NK-TH. BINDING

WRITE PLAINLY - Every item of info. should be carefully supplied. AGE should be given EXACTLY in yrs. so that it may be properly classified. Burialment should be given in full.

PERMANENT RECORD - Every item of info. should be carefully supplied. AGE should be given EXACTLY in yrs. so that it may be properly classified. Burialment should be given in full.

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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.)

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39150