

WRITE PLAINLY, WITH UNFADING INK THIS IS A PAPER

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.

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

PLACE OF DEATH
County Wymore
Township ~~Leota~~ Registration District No. 875 File No. 4181231
Village Nebraska Primary Registration District No. 3059 Registered No. _____
or Nebraska City Nebraska (NO. _____ St. _____ Ward _____)
FULL NAME Sgt. Wesley Welby [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE Sgt. MARRIED Sgt. WIDOWED Sgt. OR DIVORCED Sgt. (Write the word)
DATE OF BIRTH Nov. 28, 1910
AGE 16 yrs. 16 mos. 16 ds. IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work Sgt.
(b) General nature of industry, business, or establishment in which employed (or employer) "
BIRTHPLACE (City or town, State or foreign country) Nebraska Mo
PARENTS
NAME OF FATHER Wesley Welby
BIRTHPLACE OF FATHER (City or town, State or foreign country) Nebraska
MAIDEN NAME OF MOTHER Vir Taylor
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kansas

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 14, 1912
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Dec 14, 1912, to Dec 14, 1912, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:
innanition
158
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) W. Miller M. D.
Dec 14, 1912 (Address) Nebraska

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. Geo. D. Melvin
(ADDRESS) Greenville Tex
Filed 12-14 1912 W. Wilson REGISTRAR

*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 16 yrs. 16 mos. 16 ds. In the State 16 yrs. 16 mos. 16 ds.
Where was disease contracted If not at place of death? _____
Former or usual residence _____
PLACE OF BURIAL OR REMOVAL Nebraska DATE OF BURIAL 12-15-1912
UNDERTAKER W. P. Mansfield ADDRESS Nebraska

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*;

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-BUREAU OF VITAL STATISTICS
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

CERTIFICATE OF DEATH

PLACE OF DEATH

County Vernon

Township _____

Village _____

City Nevada (NO. _____)

Registration District No. 875

File No. _____

Primary Registration District No. 3039

Registered No. 231

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

FULL NAME Infant of Wesley Welty

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Infant
(Write the word)

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

DATE OF BIRTH Nov. 28, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec. 14, 1912, to Dec. 14, 1912,
that I last saw h alive on _____, 1912,
and that death occurred, on the date stated above, at _____ m.

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

The CAUSE OF DEATH* was as follows:
Inanition
this child never nursed & died instantly cause unknown
(Duration) _____ yrs. _____ mos. _____ ds.

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) Nevada, Mo.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) G. S. Nelson M. D. Dec. 14, 1912 (Address) Nevada, Mo.

PARENTS NAME OF FATHER Wesley Welty

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

MAIDEN NAME OF MOTHER Veta Guyer

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

*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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Joe H. Melvin

(ADDRESS) Greenville, Tex.

PLACE OF BURIAL OR REMOVAL Newtown DATE OF BURIAL 12-15, 1912

Filed Dec 8, 1912 G. P. Wilkins REGISTRAR

UNDERTAKER W. J. Waincott ADDRESS Nevada

Original file date DEC 14, 1912 All information called for must be written on this Supplementary Certificate.

WRITE PLAINLY, WITH CAPITAL LETTERS

N. B.—Every item of information should be carefully supplied. AGE at CAUSE OF DEATH in plain terms, so that it may be properly classified.

Standard 2, Serial 11, 1921

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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6/18/17