

PLACE OF DEATH

County HowardTownship Franklin

Village _____

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

FULL NAME Gordon C. McGarretMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 380 File No. 1120Primary Registration District No. 3530 Registered No. 1

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married
WIDOWED OR DIVORCED
(Write the word)DATE OF BIRTH November 12, 1829
(Month) (Day) (Year)AGE 83 yrs. 1 mos. 28 ds. IF LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION (a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) _____BIRTHPLACE (City or town, State or foreign country) Ky.PARENTS
NAME OF FATHER Robert McGarret
BIRTHPLACE OF FATHER (City or town, State or foreign country) va
MAIDEN NAME OF MOTHER Ann Hickman
BIRTHPLACE OF MOTHER (City or town, State or foreign country) vaTHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robert C. McGarret
(ADDRESS) New FranklinFiled Jan 11 1913 J. B. Fleet REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Jan 10, 1913
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from 1/9, 1913, to 1/10, 1913, that I last saw him alive on 1/9, 1913, and that death occurred, on the date stated above, at 80 m.

The CAUSE OF DEATH* was as follows:

Uræmic Poison
131 (Duration) yrs. 1 mos. 7 ds.Contributory Paralysis
(SECONDARY) (Duration) yrs. 7 mos. 7 ds.(Signed) J. F. White M. D.
1/11 (Address) New Franklin 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 W. Pleasant DATE OF BURIAL Jan 12 1913ADDRESS W. Curtis New Franklin

WITH UNFADING INK—THIS IS A PERMANENT RECORD

All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSE OF DEATH 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*, *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.)



WRITE PLAINLY, WITH WRITING INK—THIS IS A PERMANENT RECORD

Information should be carefully supplied. AGE should be stated EXACTLY, IN YEARS when held state cause of death is important. If in plain terms, so that it may be properly classified. Exact statement of OCCUPATION.

PLACE OF DEATH
 County Howard
 Township Franklin
 or
 Village _____
 or
 City _____ (NO. _____ St.; _____ Ward)

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

BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No. 380 File No. _____
 Primary Registration District No. 5530 Registered No. 1

FULL NAME Gorden C. McGarrick

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

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)	DATE OF DEATH <u>Jan. 10, 1913</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Nov. 12, 1829</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 191 <u>3</u> , to <u>1-10</u> , 191 <u>3</u> , that I last saw him live on <u>1-9</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>8 p.</u> m.	
AGE <u>83</u> yrs. <u>1</u> mos. <u>28</u> ds.		IF LESS than 1 day, _____ hrs. or _____ min.?	The CAUSE OF DEATH* was as follows: <u>traumatic poison</u> <u>Chronic Nephritis</u>	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farming</u> (b) General nature of industry, business, or establishment in which employed (or employer)			Contributory <u>jaundice</u> (SECONDARY) (Duration) _____ yrs. _____ mos. <u>2</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Fry, Va.</u>			(Signed) <u>J. A. White</u> M. D. <u>1-11</u> , 191 <u>3</u> (Address) <u>New Franklin</u>	
PARENTS	NAME OF FATHER <u>Robert McGarrick</u>		*State the Disease Causing Death, or, in deaths from Violent Cause, (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Va.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. in the State _____ yrs. _____ mos. _____ ds.	
	MAIDEN NAME OF MOTHER <u>Angie Hickman</u>		Where was disease contracted if not at place of death? Former or usual residence _____	
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Va.</u>			PLACE OF BURIAL OR REMOVAL <u>Mt. Pleasant</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Robert E. McGarrick</u> (ADDRESS) <u>New Franklin</u>			DATE OF BURIAL <u>Jan. 12, 1913</u>	
Filed <u>Mar 10, 1913</u> <u>J. B. Fleet</u> REGISTRAR			UNDERTAKER <u>H. W. Curtis</u> ADDRESS <u>New Franklin</u>	

Original file, date JAN 13 1913 All information called for must be written on this Supplementary Certificate.

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 "*Asthenia*," "*Anaemia*" (merely symptomatic), "*Atrophy*," "*Collapse*," "*Coma*," "*Convulsions*," "*Debility*" ("*Con-genital*," "*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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