

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

PLACE OF DEATH

County Scotland

Township _____

or

Village _____

or

City Memphis (NO. _____)

Registration District No. 810

File No. 3760

Primary Registration District No. 4488

Registered No. 68

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

FULL NAME Benzeyman Franklin Sheets

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Married
MARRIED Widowed
OR DIVORCED
(Write the word)

DATE OF BIRTH Jan 25, 1842
(Month) (Day) (Year)

AGE 70 yrs. 11 mos. 30 ds. IF LESS than
1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) VF-02

BIRTHPLACE (City or town, State or foreign country) West Va

PARENTS
NAME OF FATHER Masses Sheets
BIRTHPLACE OF FATHER (City or town, State or foreign country) West Va
MAIDEN NAME OF MOTHER Sheet
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. E. Sheets

(ADDRESS) Memphis Mo

Filed Jan 2 1913, H. E. Platter
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 27, 1912, to Dec 31, 1912, that I last saw him alive on Dec 31, 1912, and that death occurred, on the date stated above, at 6:10 P.M. The CAUSE OF DEATH* was as follows:

acute indigestion
92A
1180 (Duration) ___ yrs. ___ mos. 4 ds.

Contributory
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) H. E. Platter M. D.
Jan 2 1913 (Address) Memphis 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 Masses County DATE OF BURIAL Jan 2, 1913

UNDERTAKER Dr. Payne ADDRESS Memphis Mo

WRITE PLAINLY, WITH UNFADING INK

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.

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.)



SITE PLANNING, WITH UNFADING II - THIS IS A PERMANENT RECORD

State of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important in plain terms, so that it may be properly classified. If the statement of OCCUPATION is very important, it should be stated in full.

PLACE OF DEATH

County Scotland

Township _____ or _____ Village _____ or _____ City Memphis (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. 810 File No. _____
Primary Registration District No. 4488 Registered No. 68

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

FULL NAME Beyerman Franklin Sheets

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| SEX <u>m</u> | COLOR OR RACE <u>w</u> | SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>rw</u> |
| DATE OF BIRTH <u>Jan 5</u> , 18 <u>42</u> (Month) (Day) (Year) | | |
| AGE <u>70</u> yrs. <u>11</u> mos. <u>30</u> ds. | | IF LESS than 1 day, ___ hrs. or ___ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Ret. James</u> | | |
| (b) General nature of industry, business, or establishment in which employed (or employer) | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Wash Va</u> | | |
| PARENTS | NAME OF FATHER <u>Moses Sheets</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Wash Va</u> | |
| | MAIDEN NAME OF MOTHER <u>un Remm Sheets</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>unk</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 31, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Dec 27, 1912, to Dec 31, 1912, that I last saw him alive on Dec 31, 1912, and that death occurred, on the date stated above, at 6:10 p.m.

The CAUSE OF DEATH* was as follows:
Acute Indigestion

(Duration) _____ yrs. _____ mos. 4 ds.

Contributory Valvular Lesion of Heart
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A. C. Platter M. D.
Jan 2, 1913 (Address) Memphis

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. E. Sheets
(ADDRESS) Memphis Mo.

Filed Jan 2, 1913 by A. C. Platter REGISTRAR

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
Memphis

DATE OF BURIAL
Jan 2, 1913

UNDERTAKER
D. M. Payne

ADDRESS
Memphis

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" ("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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