

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.

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

PLACE OF DEATH

County Bates
Township Grand River Registration District No. 1081 File No. 4700
or
Village _____ Primary Registration District No. 5048 Registered No. 7
or
City _____ (NO. _____) St. _____ Ward _____

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

FULL NAME Harva Bennet Greenwood

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| SEX <u>Male</u> | COLOR OR RACE <u>White</u> | SINGLE WIDOWED OR DIVORCED (Write the word) <u>Married</u> |
| DATE OF BIRTH <u>May 24, 1872</u> (Month) (Day) (Year) | | |
| AGE <u>41 yrs. 8 mos. 13 ds.</u> If LESS than 1 day, ___ hrs. or ___ min.? | | |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>1-02</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Illinois</u> | | |
| PARENTS | NAME OF FATHER <u>Richard Greenwood</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>England</u> | |
| | MAIDEN NAME OF MOTHER <u>Angeline Newkirk</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Illinois</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 7, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 22, 1912, to Feb 6, 1913, that I last saw him alive on Feb 6, 1913, and that death occurred, on the date stated above, at 6 A.M.

The CAUSE OF DEATH* was as follows:
3rd General Slighting End
Secondary of Cancer
from Syphilis
109A (Duration) 8 yrs. ___ mos. ___ ds.

Contributory probably (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) E. E. Robinson M. D.
Feb 8, 1913 (Address) Adrian 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>Crescent Hill</u> | DATE OF BURIAL <u>2/10, 1913</u> |
| UNDERTAKER <u>H. S. Carr</u> | ADDRESS <u>Adrian Mo</u> |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. B. Greenwood
(ADDRESS) Adrian Mo

Filed Feb 10, 1913 W. J. Blankenship
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, 8 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 "Etioup"); *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 CERTIFICATED
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW. CERTIFICATE OF DEATH

PLACE OF DEATH

County BatesTownship Grand River

or

Village _____

or

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

Registration District No. 1081

File No. _____

Primary Registration District No. 5088Registered No. 7

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

FULL NAME Harva Burnett Greenwood

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--------------------|-------------------------------|---|
| SEX <u>male</u> | COLOR OR RACE <u>white</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u> |
|--------------------|-------------------------------|---|

DATE OF BIRTH

May 24, 1872
 (Month) (Day) (Year)

AGE

41 yrs. 8 mos. 13 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)

Ill

PARENTS

NAME OF FATHER

Richard Greenwood

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

England

MAIDEN NAME OF MOTHER

Angela New Kirk

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. H. B. Greenwood(ADDRESS) Adrain moFiled Apr 29 1913W. B. Blankenship

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb 7, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
Oct 22, 1912, to Feb 6, 1913
 that I last saw him alive on Feb 6, 1913

and that death occurred, on the date stated above, at 6 a. m.

The CAUSE OF DEATH* was as follows:

cerebral softening &
 due to Syphilis

(Duration) 3 yrs. _____ mos. _____ ds.

Contributory (SECONDARY)

probably pneumonia

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

(Signed) E. E. Robinson

M. D.

Apr 29, 1913(Address) Adrain 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

Crescent Hill

DATE OF BURIAL

2/10, 1913

UNDERTAKER

H. S. Carr

ADDRESS

Adrain mo

Original file, date FEB 10-1913, 19____ All information called for must be written on this Supplementary Certificate.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated in years, months, and days. PHYSICIAN'S SIGNATURE IS ESSENTIAL IN ALL CASES OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement to be given by physician is important.

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.)