

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 Madison  
Township White Cloud Registration District No. 616 File No. 6234  
or  
Village \_\_\_\_\_ Primary Registration District No. 6818 Registered No. 9  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

FULL NAME Olin P Charles

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>February 19, 1918</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Oct 15, 1830</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Feb 13, 1913</u> , to <u>Feb 18, 1913</u> , that I last saw him alive on <u>Feb 18, 1913</u> , and that death occurred, on the date stated above, at <u>11 a. m.</u>	
AGE <u>82</u> yrs. <u>4</u> mos. <u>4</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min.?	The CAUSE OF DEATH* was as follows: <u>Pneumonia</u>	
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>			107A <u>[Signature]</u> (Duration) ___ yrs. ___ mos. <u>5</u> ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Illinois</u>			Contributory (SECONDARY) <u>[Signature]</u> (Duration) ___ yrs. ___ mos. ___ ds.	
PARENTS	NAME OF FATHER <u>Martin Charles</u>		(Signed) <u>J. H. Loda</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Maryland</u>		<u>Feb 20, 1913</u> (Address) <u>Wesleyville Mo</u>	
	MAIDEN NAME OF MOTHER <u>Isabel Carr</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Illinois</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>W. S. O. P. Charles</u>			Where was disease contracted if not at place of death?	
(ADDRESS) <u>Arkhor Mo</u>			Former or usual residence	
Filed <u>Feb 20, 1918</u> <u>3. H. Smith M.D.</u>			PLACE OF BURIAL OR REMOVAL <u>Sumner Chapel Cem</u>	
REGISTRAR			DATE OF BURIAL <u>Feb 22, 1918</u>	
			UNDERTAKER <u>Price &amp; Mcneel</u>	
			ADDRESS <u>W. S. O. P. Charles</u>	

# 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*, *peritonaeum*, 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 RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH Wodaway  
 County White Cloud  
 Township White Cloud  
 or  
 Village \_\_\_\_\_  
 or  
 City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 616 File No. \_\_\_\_\_  
 Primary Registration District No. 5818 Registered No. 3

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

FULL NAME Oleas O. Charles

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>m</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Oct 15</u> , 18 <u>30</u> (Month) (Day) (Year)		AGE <u>82</u> yrs. <u>4</u> mos. <u>4</u> ds.
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) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Ill</u>		
PARENTS	NAME OF FATHER <u>Martin Charles</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill</u>	
	MAIDEN NAME OF MOTHER <u>Agnes Carr</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ill</u>	

DATE OF DEATH Feb 19, 1913  
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 13, 1913, to Feb 18, 1913, that I last saw him alive on "18", 1913, and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH\* was as follows:  
Pneumonia & Bronch

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) J. H. Todd M. D. (Address) Marionville 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 \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mrs. O. O. Charles  
 (ADDRESS) Arkow Mo  
 Filed Ch 28 x 1913 H. Smith REGISTRAR

PLACE OF BURIAL OR REMOVAL Swan Chapel Cem DATE OF BURIAL Feb 22, 1913  
 UNDERTAKER Price & Mc Neal ADDRESS Marionville Mo

FEB 24 - 1913

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