

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

PLACE OF DEATH
County Washburn
Township Washburn
or
Village
or
City Webb City (NO. 204 St. Allen)

Registration District No. 417 File No. 9575
Primary Registration District No. 3021 Registered No. 54
St.: _____ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME George Alexander Bagley

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|---|---|--|
| SEX <u>male</u> | COLOR OR RACE <u>white</u> | SINGLE MARRIED WIDOWED OR DIVORCED <u>Child</u> (Write the word) |
| DATE OF BIRTH <u>Feb 17</u> <u>1913</u> (Month) (Day) (Year) | | <u>2:00 P.M.</u> |
| AGE <u>3</u> yrs. <u>3</u> mos. <u>0</u> ds. | | IF LESS than 1 day, _____ hrs. or _____ min.? |
| 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) <u>Webb City</u> | | |
| PARENTS | NAME OF FATHER <u>Bert Bagley</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Webb City California</u> | |
| | MAIDEN NAME OF MOTHER <u>Ethel Edgerly</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>W.Va.</u> | |

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
Mrs. Bert Bagley
(Informant)
(ADDRESS) Webb City, Mo.

Filed March 4 1913 E.A. Baird
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 17 1913
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from 2 P.M., 1913, to 7 P.M., 1913, that I last saw him alive on Feb 17, 7 P.M., 1913, and that death occurred, on the date stated above, at 7 P.M.
The CAUSE OF DEATH* was as follows:
Internal Hemorrhage
caused by small prostatic
irritation by urea until
to late in duration. 2 hrs. 0 mos. 0 ds.
Contributory child was doubled up
(SECONDARY) (Duration) 1 1/2 yrs. 0 mos. 0 ds.
(Signed) W.M. Whiteley M. D.
Feb 20 1913 (Address) Webb City, 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 RESIDENCE)
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 Webb City Cem. DATE OF BURIAL Mar. 6 1913
UNDERTAKER Webb City Cem. Co. ADDRESS Webb City, Mo.

MARGIN RESERVED FOR BINDING

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.

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," "Day laborer," "Household worker," or "As definite as 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 *haemia*," "PUERPERAL *peritonitis*," etc. State cause of surgical operation was undertaken. For THIS STATE MEANS OF INJURY and qualify a SUICIDAL, OR HOMICIDAL, OR AS probably drowning; Struck by railway train—*ver wound of head—homicide*; Poisoned acid—*probably suicide*. The nature of fracture of skull, and consequences (e. g., *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.)

