

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.

PLACE OF DEATH

County MacouTownship Albion

or

Village —

or

City — (NO. — St. — Ward —)FULL NAME Eldon ArcherMISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 964File No. 9873Primary Registration District No. 5710Registered No. 1

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Boy COLOR OF RACE White SINGLE — MARRIED — WIDOWED — OR DIVORCED — (If write the word) Single

DATE OF BIRTH Mar 10 10, 1914
(Month) (Day) (Year)

AGE 2 yrs. 4 mos. 4 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) WMD-0

BIRTHPLACE (City or town, State or foreign country) Macou Co Mo

NAME OF FATHER Charles Archer

BIRTHPLACE OF FATHER (City or town, State or foreign country) Macou Co Mo

MAIDEN NAME OF MOTHER Mary Archer

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Macou Co Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charles Archer(ADDRESS) West BentonFiled Mar 14, 1914 J. M. O'Boyle

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 14, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 13, 1913, to Mar 14, 1913, that I last saw he alive on Mar 13, 1913, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) Eldon Archer
(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) James H. O'Boyle M. D.
Mar 10, 1913 (Address) Bolesburg

*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? at Phy. A. B.

Former or usual residence Law

PLACE OF BURIAL OR REMOVAL Adair Cemetery DATE OF BURIAL Mar 16, 1913

UNDERTAKER R. G. Brown ADDRESS E. E. Brown

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*, *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.)



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PLACE OF DEATH

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

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

County Macon
Township Drake
or
Village
or
City

Registration District No. 964
Primary Registration District No. 5710

File No. X
Registered No. 1

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

FULL NAME Eldon Asher

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OF RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Single
DATE OF BIRTH March 10, 1911
(Month) (Day) (Year)

AGE 2 yrs. 4 mos. 4 ds. If LESS than 1 day, hrs. or min.

OCCUPATION (a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) Nurse

BIRTHPLACE (City or town, State or foreign country) Macon, Mo.

PARENTS
NAME OF FATHER Charles Asher
BIRTHPLACE OF FATHER (City or town, State or foreign country) Macon, Mo.
MAIDEN NAME OF MOTHER Mary Glover
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Macon, Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charles Asher

(ADDRESS) New Barton

Filed March 15, 1913 J. A. Hoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 14, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 13, 1913, to March 14, 1913,
that I last saw him alive on March 13, 1913,
and that death occurred, on the date stated above, at 1:30 m.

The CAUSE OF DEATH* was as follows:
Pneumonia
Globular

(Duration) yrs. mos. ds. 9

Contributory (Secondary) Cold
(Duration) yrs. mos. ds.

(Signed) James W. Goldsberry M. D.
March 15, 1913 (Address) Goldsberry, 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. 4 In the State yrs. mos. ds. 2 yrs. 4 mos. 2 ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Adair, Tenn. DATE OF BURIAL March 15, 1913

UNDERTAKER: P. A. Meron ADDRESS Elber, Mo.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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9873
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.)