

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 Morgan ✓
Township _____ Registration District No. 598 File No. 10034
or _____ Primary Registration District No. 4355 Registered No. 15
Village _____
or _____
City Versailles (NO. _____ St. West Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Columbus C Marriott

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	COLOR, OR RACE <u>White</u>	SINGLE MARRIED <u>Married</u> WIDOWED OR DIVORCED <small>(Write the word)</small>	DATE OF DEATH <u>March 21</u> , 191 <u>3</u> <small>(Month) (Day) (Year)</small>	
DATE OF BIRTH <u>Feb 12</u> , 18 <u>57</u> <small>(Month) (Day) (Year)</small>			I HEREBY CERTIFY, that I attended deceased from <u>March 25</u> , 191 <u>0</u> , to <u>March 21</u> , 191 <u>3</u> , that I last saw him alive on <u>March 21</u> , 191 <u>3</u> , and that death occurred, on the date stated above, at <u>4, a. m.</u> The CAUSE OF DEATH* was as follows: <u>Hepatic Abscess</u> <u>12 5 13</u> ✓ <small>(Duration) <u>405</u> yrs. mos. ds.</small>	
AGE <u>62</u> yrs. <u>1</u> mos. <u>9</u> ds. <small>IF LESS than 1 day, hrs. or min.?</small>				
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>1-021</u>			Contributory <small>(SECONDARY)</small> <small>(Duration) _____ yrs. mos. ds.</small>	
BIRTHPLACE (City or town, State or foreign country) <u>Morgan Co Mo</u>			(Signed) <u>B. B. Bowline</u> M. D. <u>Mar 21</u> , 191 <u>3</u> (Address) <u>Versailles Mo</u>	
PARENTS	NAME OF FATHER <u>John Marriott</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 FATHER (City or town, State or foreign country) <u>Zenn, 8</u>			
	MAIDEN NAME OF MOTHER <u>Ruby Brumelle</u>			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Zenn,</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>W. E. Hulitt</u> <small>(ADDRESS) <u>Versailles, Mo.</u></small>			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: _____	
Filed <u>Mar 27 3</u> 191 <u>3</u> <u>A. H. Kuntzman</u> REGISTRAR			PLACE OF BURIAL OR REMOVAL <u>Versailles Mo</u>	
			DATE OF BURIAL <u>Mar 27</u> , 191 <u>3</u>	
			UNDERTAKER <u>M. A. Kidwell</u>	
			ADDRESS <u>Versailles</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*, *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.)



should state
important.

PLACE OF DEATH

County Morgan
Township _____
or _____
Village _____
or _____
City Versailles (NO. _____ St. _____ Ward _____)

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

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 598 File No. _____
Primary Registration District No. 4355 Registered No. 18

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

FULL NAME

Columbus C Marriott

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Married
(If wife the word)

DATE OF BIRTH Feb 12, 1857
(Month) (Day) (Year)

AGE 62 yrs. 9 mos. 9 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) Morgan Co Mo

PARENTS NAME OF FATHER John Marriott BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn
MAIDEN NAME OF MOTHER Baby Round BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn

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

Filed Apr 30 1913 H. N. Luman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar 21, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 25, 1913, to Mar 21, 1913, that I last saw him alive on Mar 21, 1913, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:
Hepatic Abscess
Don't know
(Duration) 40 yrs. ___ mos. ___ ds.

Contributory (Secondary) _____ (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) B. J. Poweiner, M. D. (Address) Versailles 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 REGENT 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 Versailles DATE OF BURIAL 3-22-1913
UNDERTAKER W. R. Kidwell ADDRESS Versailles

N. B.—Every item of information should be carefully checked for accuracy. CAUSE OF DEATH in plain terms, so that it may be understood by all.

WALLEN EXAMINE, WITH UNFA

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.)