

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

PLACE OF DEATH
County Randolph
Township _____
or _____
Village _____
or _____
City Huntsville (NO. _____ St. _____ Ward _____)

Registration District No. 733 File No. 14173
Primary Registration District No. 4438 Registered No. 27

FULL NAME Casimira Amorillo

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINCE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>November 4, 1860</u> (Month) (Day) (Year)		
AGE <u>52</u> yrs. <u>5</u> mos. <u>6</u> ds. IF LESS than 1 day, ____ hrs. or ____ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Mining of coal</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>5-2-13</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Spring City</u>		
PARENTS	NAME OF FATHER <u>Phillip Amorillo</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Spring City</u>	
	MAIDEN NAME OF MOTHER <u>Don't know</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leopoldo Amorillo
(ADDRESS) Huntsville Mo
Filed Apr. 14th 1913 G. G. Braga
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 1, 1913, to April 9, 1913, that I last saw him alive on 9 April, 1913, and that death occurred, on the date stated above, at 4:30 a.m. The CAUSE OF DEATH* was as follows:

23 Ac. Tuberculosis of Lungs
11 (Duration) 2 yrs. 1 mos. 1 ds.
Contributory Ischemia
(SECONDARY) (Duration) 1 yrs. 1 mos. 1 ds.
(Signed) James E. Goff M.D.
April 14, 1913 (Address) Huntsville

*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 ____ yrs. ____ mos. ____ ds. State ____ yrs. ____ mos. ____ ds.
Where was disease contracted If not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Huntsville Mo DATE OF BURIAL Apr 13, 1913
UNDERTAKER Andrew Miner ADDRESS Huntsville Mo

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.)

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 BIRTH

County Paradeep

Township _____

or

Village _____

or

City Hunterville (NO. _____)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 733 File No. _____Primary Registration District No. 4438 Registered No. 27

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

FULL NAME Leasimira Armoville

PERSONAL AND STATISTICAL PARTICULARS

SEX

m.

COLOR OR RACE

w.SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)m.

DATE OF BIRTH

Nov-41860

(Month)

(Day)

(Year)

AGE

52

yrs.

5

mos.

6

ds.

IF LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

(a) Trade, profession, or particular kind of work

Mining of Coal

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town,

State or foreign country)

Town of Itley

PARENTS

NAME OF FATHER

Phillip ArmovilleBIRTHPLACE OF FATHER
(City or town, State or foreign country)Itley

MAIDEN NAME OF MOTHER

I don't knowBIRTHPLACE OF MOTHER
(City or town, State or foreign country)" "

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leasimira Armoville

(ADDRESS)

Hunterville Mo

Filed

Apr 14th1913G. G. Brazel

REGISTER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

April91913

(Month)

(Day)

(Year)

I HEREBY CERTIFY, that I attended deceased from

March 1, 1913, to April 9, 1913,that I last saw him alive on " 9 ", 1913,and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis
Tuberculosis of Lungs

(Duration)

2

yrs.

mos.

ds.

Contributory

Asthma

(SECONDARY)

(Duration)

yrs.

mos.

ds.

(Signed)

James H. Rafter

M. D.

June 6, 1913

(Address)

Hunterville

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LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death

yrs.

mos.

ds.

In the

yrs.

mos.

ds.

Where was disease contracted if not at place of death?

Former or usual residence

Satisfactory Information Supplied

PLACE OF BURIAL OR REMOVAL

Hunterville Mo

DATE OF BURIAL

Apr 13, 1913

UNDERTAKER

ADDRESS

Satisfactory Information Supplied

Original file, date

APR1913

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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17173
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.)