

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.

PLACE OF DEATH

County Wagoner

Township _____

or _____

Village _____

or _____

City Greenwood (NO. _____) (St. _____) (Ward _____)MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 890 File No. 15532Primary Registration District No. 45-39 Registered No. 8FULL NAME Not Named

(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>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
--------------------	-------------------------------	--

DATE OF BIRTH April 5, 1913
(Month) (Day) (Year)

AGE 40 yrs. mos. 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) Wagoner Co. Mo.

PARENTS

NAME OF FATHER <u>Geo. W. Austin</u>
BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Turkman Ark.</u>
MAIDEN NAME OF MOTHER <u>Ida Dean</u>
BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Streator, Mo.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Egoy G. Whitfield(ADDRESS) Greenwood, Mo.Filed H-6 1913 N.H. Wilson

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 5, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 5th, 1913, to April 5th, 1913, that I last saw him alive on April 5th, 1913, and that death occurred, on the date stated above, at 8:55 p.m.

The CAUSE OF DEATH* was as follows:

Paralysis

Contributory (SECONDARY) Paralysis
(Duration) 159 yrs. 151 mos. 45 ds.

(Signed) Egoy G. Whitfield M. D.
H-6 1913 (Address) Greenwood, 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 _____

PLACE OF BURIAL OR REMOVAL Clacke Union DATE OF BURIAL April 6, 1913
UNDERTAKER Wm. Berry ADDRESS Greenwood, Mo.

FROM THE BOARD OF HEALTH
 MISSOURI
 Vital Statistics

United States Standard Certificate of Death

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

Occupation.—Precise statement of occupation, so that the relative health-pursuits can be known. The question and every person, irrespective of occupations a single word or term on the sufficient, e. g., *Farmer* or *Planter*, *Artist*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many industrial employments, it is necessary to state (a) the kind of work and also (b) the business or industry, and therefore an entry is provided for the latter statement; it is to be filled in only when needed. As examples: (a) *Millwright on mill*; (a) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material part of the second statement. Examples: "Laborer," "Foreman," "Manager," "Coal miner," "Coal laborer," "Coal laborer—Coal mine," etc. For those who are engaged in the duties of the unpaid *Housekeepers* who receive a salary, they may be entered as *Housewife*, *Housekeeper*, and children, not gainfully employed, at home. Care should be taken to record the occupations of persons engaged in the service for wages, as *Servant*, *Cook*, *Housekeeper*. If the occupation has been changed or given since the DISEASE CAUSING DEATH, state occupation of illness. If retired from business, it should be indicated thus: *Farmer* (retired). For persons who have no occupation

Cause of death.—Name, first, the DISEASE (the primary affection with relationship to causation), using always the same name for the same disease. Examples: *Cerebral meningitis* (only definite synonym is "Epidemic meningitis"); *Diphtheria* (avoid use of "throat"); *Typhoid fever* (never report "Typhoid pneumonia"; *Bronchopneumonia* (qualified, is indefinite); *Tuberculosis peritonaeum*, 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.)