

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

PLACE OF DEATH
County North
Township Hitchell
or
Village Grant City
or
City Grant City (NO. _____) St.: _____ Ward _____

Registration District No. 903 File No. 15568
Primary Registration District No. 4545 Registered No. 2

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

FULL NAME Daniel Alexander Martin

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White ~~SINGLE~~ MARRIED married
~~WIDOWED~~
~~AS DIVORCED~~
(Write the word)

DATE OF BIRTH May 1, 1841
(Month) (Day) (Year)

AGE 71 yrs. 11 mos. 18 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Jobber 3-07
(b) General nature of industry, business, or establishment in which employed (or employer) Any kind work

BIRTHPLACE
(City or town, State or foreign country) Indiana

PARENTS
NAME OF FATHER Daniel A Martin
BIRTHPLACE OF FATHER Ohio
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER Nancy Alexander
BIRTHPLACE OF MOTHER Ohio
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Miss Minnie Martin
(ADDRESS) Grant City Mo

Filed Apr 21 1913 John Andrews
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 19, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 13, 1913, to Apr. 19, 1913,
that I last saw him alive on April 19, 1913,
and that death occurred, on the date stated above, at 11⁰⁰ p.m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy.
45 13
162

Duration _____ yrs. _____ mos. 7 ds.
Contributory Organic heart dis-
ease (Secondary)
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) O. P. M. Mills M. D.
4-21 1913 (Address) Grant 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 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 Grant City Cem DATE OF BURIAL Apr 21 1913

UNDERTAKER O. P. M. Mills ADDRESS Grant City Mo.
#164

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, 8 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 organ; "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 "Asthma," "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.)