

PLACE OF DEATH

County Jasper

Township _____

or

Village _____

or

City Webb City, Mo (NO. _____ St. _____ Ward _____)MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. H-17File No. 10849Primary Registration District No. 3021Registered No. 3

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

FULL NAME Robert B. Cole

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>November 3, 1872</u> (Month) (Day) (Year)		
AGE <u>30</u> yrs. <u>6</u> mos. <u>12</u> ds. If LESS than 1 day, <u>2</u> hrs. or <u>2</u> min.?		

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

(b) General nature of industry, business, or establishment in which employed (or employer) 5-01

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

NAME OF FATHER Demitt Cole

BIRTHPLACE OF FATHER
(City or town, State or foreign country) Macon Co Ohio

MAIDEN NAME OF MOTHER Esther Wilson

BIRTHPLACE OF MOTHER
(City or town, State or foreign country) Ohio

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Esther L. Wilson(ADDRESS) Lamar MoFiled May 16 1913 L. B. Chenoweth

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 15, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 13, 1913, to May 14, 1913, that I last saw him alive on May 14, 1913, and that death occurred, on the date stated above, at 5:15 a.m.

The CAUSE OF DEATH' was as follows:

Meningitis ✓
1860
1913 (Duration) yrs. mos. 3 ds.
78 1/2
Contributory Abscess of brain
(SECONDARY) (Duration) yrs. mos. 2 1/2 ds.

(Signed) A. N. Winchester M. D.
May 16, 1913 (Address) Joplin 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 Cartersville Cemetery DATE OF BURIAL May 16, 1913

UNDERTAKER J. J. Steele and Co ADDRESS Webb City Mo

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

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*, *Composer*, *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*, *peritoneum*, 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.)

PLACE OF DEATH

County

Jasper

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

Registration District No.

417

File No.

✓

Township

OF

Village

CITY

Webb City, Mo.

Primary Registration District No.

3021

Registered No.

3

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

FULL NAME

Robert B. Cole

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE

MARRIED

WIDOWED

OR DIVORCED

(If not the word)

Satisfactory Information Supplied

DATE OF DEATH

May 15, 1913
(Month) (Day) (Year)

DATE OF BIRTH

Satisfactory Information Supplied

I HEREBY CERTIFY, that I attended deceased from

AGE

IF LESS than

day, hrs, min, ds.

191... to ... 191...
that I last saw h... alive on ... 191...

and that death occurred, on the date stated above at ... m.

The CAUSE OF DEATH* was as follows:

OCCUPATION

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

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

meningitis
Traumatic
Fall - struck (accident) on the ground with head
(Duration) ... yrs ... mos *3* ds.

BIRTHPLACE

(City or town, State or foreign country)

Contributory *abscess of brain*
(SECONDARY) (Duration) ... yrs ... mos *21* ds.

NAME OF FATHER

BIRTHPLACE OF FATHER

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

SUPPLEMENTARY Satisfactory Information Supplied

(Signed) *A. N. Winchester* M. D.
May 16, 1913 (Address) *Joplin, Mo*

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At place of death ... yrs ... mos ... ds. In the ... yrs ... mos ... ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Satisfactory Information Supplied

Where was disease contracted if not at place of death?

Former or usual residence

(ADDRESS)

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

UNDERTAKER

Filed

July 7, 1913 *L. C. Chumovich*
REGISTRAR

Satisfactory information Supplied

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Revised United States Standard Certificate of Death

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

67801

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