

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

PLACE OF DEATH

County Cosper
Township _____
or
Village _____
or
City Pilot Grove Mo.

Registration District No. 222
Primary Registration District No. 4138

File No. 19289
Registered No. 10

St.: _____ Ward _____

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

FULL NAME George Reynolds Needy

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed
(Write the word)

DATE OF BIRTH Jan 1, 1833
(Month) (Day) (Year)

AGE 80 yrs. 5 mos. 9 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

BIRTHPLACE (City or town, State or foreign country) Shepherdstown West Va

NAME OF FATHER George Needy

BIRTHPLACE OF FATHER (City or town, State or foreign country) dont know

MAIDEN NAME OF MOTHER dont know

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs Holland Needy

(ADDRESS) Pilot Grove mo

Filled June 11, 1913 by T. O. Rudleton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 3rd, 1913, to June 10, 1913, that I last saw him alive on June 10, 1913, and that death occurred, on the date stated above, at 4.9 a.m.

The CAUSE OF DEATH* was as follows:
Arterio-sclerosis with hypertrophied heart
1869
95B (Duration) ___ yrs. ___ mos. ___ ds.

Contributory fractured femur (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) T. O. Rudleton M. D. June 11, 1913 (Address) Pilot Grove

* 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. Pilot Grove mo

PLACE OF BURIAL OR REMOVAL Pilot Grove mo DATE OF BURIAL June 11, 1913

UNDERTAKER Elliott & Chapman ADDRESS Pilot Grove

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.

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*, *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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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

PLACE OF DEATH

County Cooper

Registration District No. 222

File No. 10

Township or Village or City Pilot Grove (NO. St. Ward)

Primary Registration District No. 4135 Registered No. 10

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

FULL NAME

George Reynolds Needy

PERSONAL AND STATISTICAL PARTICULARS

SEX Satisfactory Information Supplied. COLOR OR RACE Satisfactory Information Supplied. SINGLE MARRIED WIDOWED OR DIVORCED Satisfactory Information Supplied. (Write the word)

DATE OF BIRTH Satisfactory Information Supplied. (Month) (Day) (Year)

AGE Satisfactory Information Supplied. If LESS than 1 day, hrs or min. yrs. mos. ds.

OCCUPATION (a) Trade, profession, or particular kind of work Satisfactory Information Supplied. (b) General nature of industry, business, or establishment in which employed (or employee) Satisfactory Information Supplied.

BIRTHPLACE (City or town, State or foreign country) Satisfactory Information Supplied.

PARENTS: NAME OF FATHER Satisfactory Information Supplied. BIRTHPLACE OF FATHER (City or town, State or foreign country) Satisfactory Information Supplied. MAIDEN NAME OF MOTHER Satisfactory Information Supplied. BIRTHPLACE OF MOTHER (City or town, State or foreign country) Satisfactory Information Supplied.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Satisfactory Information Supplied. (ADDRESS)

Filed June 11, 1913 J. O. Pundleton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 10, 1913 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 191 , to 191 , that I last saw h alive on 191 , and that death occurred, on the date stated above, at .

The CAUSE OF DEATH* was as follows:
Arterio-sclerosis with hypertrophied heart

Contributory Fracture of femur (SECONDARY) from a fall (Duration) 1 yrs. mos. ds. (Signed) J. O. Pundleton M. D. June 11, 1913 (Address) Pilot Grove

*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 DATE OF BURIAL 191 UNDERTAKER Satisfactory Information Supplied. ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important. Informant should be stated EXACTLY. PHYSICIANS should state

SUPPLEMENTARY

Revised United States Standard Certificate of Death

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

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19289
68261

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.)