

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH <i>Richland</i>		County <i>Richland</i>		Township _____ or Village _____ or City <i>Richland Mo.</i> (NO. _____)		Registration District No. <i>412</i>	File No. <i>20562</i>
FULL NAME <i>Wm Greenville White</i>		Primary Registration District No. <i>4427</i>		Registered No. <i>9</i>		(If death occurred in a hospital or institution, give its NAME instead of street and number)	
PERSONAL AND STATISTICAL PARTICULARS				3 MEDICAL CERTIFICATE OF DEATH			
SEX <i>Male</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <i>Married</i>		DATE OF DEATH <i>June 29</i> , 191 <i>3</i> (Month) (Day) (Year)			
DATE OF BIRTH <i>March 31</i> , 18 <i>88</i> (Month) (Day) (Year)				I HEREBY CERTIFY, that I attended deceased from <i>June 3</i> , 191 <i>3</i> , to <i>June 29</i> , 191 <i>3</i> , that I last saw him alive on <i>June 29</i> , 191 <i>3</i> , and that death occurred, on the date stated above, at <i>8:30</i> a.m.			
AGE <i>55</i> yrs. <i>2</i> mos. <i>28</i> ds.		If LESS than 1 day, ___ hrs. or ___ min.?		The CAUSE OF DEATH* was as follows: <i>Uremia - Gastric ulcer</i>			
OCCUPATION (a) Trade, profession, or particular kind of work <i>Farmer</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>Farming</i>				Duration) ___ yrs. ___ mos. ___ ds. <i>about about 30</i>			
BIRTHPLACE (City or town, State or foreign country) <i>K.C.</i>				Contributory (SECONDARY) <i>Chronic interstitial nephritis</i>			
PARENTS	NAME OF FATHER <i>Samuel White</i>			(Duration) <i>1</i> yrs. ___ mos. ___ ds.			
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Tenn.</i>			(Signed) <i>H. C. Murphy</i> M. D.			
	MAIDEN NAME OF MOTHER <i>Mary Storie</i>			<i>June 30</i> , 191 <i>3</i> (Address) <i>Richland Mo.</i>			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>K.C.</i>			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <i>John White</i> (ADDRESS) <i>Richland Mo.</i>				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 _____			
Filed <i>June 30</i> , 191 <i>3</i> <i>W. A. Oliver</i> REGISTRAR				PLACE OF BURIAL OR REMOVAL <i>Richland Cemetery</i> UNDERTAKER <i>W. Jones</i>		DATE OF BURIAL <i>June 30</i> , 191 <i>3</i> ADDRESS <i>Richland Mo.</i>	

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.)

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PLACE OF DEATH
County Pulaski

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

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

Township _____
or
Village _____
or
City Richland (No. _____)

Registration District No. 712 File No. _____
Primary Registration District No. 4427 Registered No. 9
St. _____ Ward _____

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

FULL NAME

Wm Greenville White

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ COLOR OR RACE _____ SINGLE MARRIED DIVORCED OR SEPARATED
Satisfactory Information Supplied.

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

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

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) _____

PARENTS
NAME OF FATHER _____
BIRTHPLACE OF FATHER (City or town, State or foreign country) _____
MAIDEN NAME OF MOTHER _____
BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____
Satisfactory Information Supplied.
(ADDRESS) _____

Filed June 30, 1913.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29, 1913
(Month) _____ (Day) _____ (Year) _____

I HEREBY CERTIFY, that I attended deceased from _____, 191____, to _____, 191____,
that I last saw him _____, 191____,
and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Alremia - Gastric ulcer
at Pyloric end of Stomach
Not supposed to be Cancerous

(Duration) _____ yrs. _____ mos. about 30 ds.
Contributory Chronic intestinal nephritis
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) 766 neurology M. D.
June 30, 1913 (Address) Richland, Mo

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Scidental, 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

Satisfactory Information Supplied.
UNDERTAKER _____ ADDRESS _____

Original file, date JUN 1913 19____ 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]

29502

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