

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.

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

PLACE OF DEATH
County Christian
Township _____ or Village _____
City Ozark (NO. _____) (St. _____) (Ward _____)
Registration District No. 184 File No. 22362
Primary Registration District No. 4110 Registered No. 83
FULL NAME George Thomas Lorr

[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 <u>May 24, 1913</u> (Month) (Day) (Year)	
AGE _____ yrs. _____ mos. <u>15</u> ds. IF LESS than 1 day, _____ hrs. or _____ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>none</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Ozark, Mo</u>	
PARENTS	NAME OF FATHER <u>E. E. Lorr</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kansas</u>
	MAIDEN NAME OF MOTHER <u>Grace Garrison</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Christian Co Mo</u>
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>E. E. Lorr</u> (ADDRESS) <u>Ozark Mo</u>	
Filed <u>July 1, 1913</u> <u>J. W. Bruton</u> REGISTRAR	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>June 13, 1913</u> (Month) (Day) (Year)	21
I HEREBY CERTIFY, that I attended deceased from <u>June 18^{7:00}</u> , 1913, to <u>June 13^{8:00 P.M.}</u> , 1913, that I last saw him alive on <u>June 13</u> , 1913, and that death occurred, on the date stated above, at <u>8:30</u> p.m.	
The CAUSE OF DEATH* was as follows: <u>Convulsions</u>	
11 1/2 8 1/2 (Duration) _____ yrs. _____ mos. _____ ds.	
Contributory <u>Indigestion</u> (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.	
(Signed) <u>J. L. Robertson</u> M. D. <u>June 13, 1913</u> (Address) <u>Ozark Mo</u>	
*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 <u>Ozark Mo</u>	DATE OF BURIAL <u>June 14, 1913</u>
UNDERTAKER <u>Robertson Bro</u>	ADDRESS <u>Ozark Mo</u>

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, 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.)



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PLACE OF DEATH Christina

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

County Christina Registration District No. 184 File No. 83

Township Ozark or Village Ozark or City Ozark (NO.) Primary Registration District No. 4110 Registered No. 83

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

FULL NAME George Thomas Lowe

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED Single (Write the word)

DATE OF DEATH June 13, 1913
(Month) (Day) (Year)

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

I HEREBY CERTIFY, that I attended deceased from Satisfactory Information Supplied, 1913, to , 1913, that I last saw h alive on , 1913.

AGE Satisfactory Information Supplied IF LESS than yrs. mos. ds.

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

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

The CAUSE OF DEATH* was as follows:

Convulsion
The Doctor says this is all he knows about it

BIRTHPLACE (City or town, State or foreign country)

(Duration) yrs. mos. ds.

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)

Contributory Indigestion
(SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. A. Robertson, M. D.
June 14 1913 (Address) Ozark Mo.

*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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death yrs. mos. ds. In the yrs. mos. ds. State yrs. mos. ds.

(Informant) Satisfactory Information Supplied
(ADDRESS)

Where was disease contracted if not at place of death?
Former or usual residence

Filed July 1, 1913, J. W. Britton
REGISTRAR

PLACE OF BURIAL OR REMOVAL Satisfactory Information Supplied
DATE OF BURIAL , 1913
UNDERTAKER ADDRESS

Revised United States Standard Certificate of Death

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

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22362