

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

PLACE OF DEATH
County Butte
Township _____
or _____
Village Nudlyville Mo
or _____
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 88 File No. 25617
Primary Registration District No. 4054 Registered No. 21

FULL NAME John O Nesly

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Male</u>	COLOR OR RADE <u>Black</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>Single</u>
DATE OF BIRTH <u>Dec 19, 1892</u> (Month) (Day) (Year)		
AGE <u>21</u> yrs. — mos. — ds.		IF LESS than 1 day, ___ hrs. or ___ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>O-OV</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Ark</u>		
PARENTS	NAME OF FATHER <u>Frank Nesly</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Miss</u>	
	MAIDEN NAME OF MOTHER <u>George Smith</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Miss</u>	

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

I HEREBY CERTIFY, that I attended deceased from Aug 15, 1913, to Aug 19, 1913, that I last saw him alive on Aug 19, 1913, and that death occurred, on the date stated above, at 8 P m.

The CAUSE OF DEATH* was as follows:

Malaria

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

(Signed) M B Davis M. D.
Aug 19, 1913 (Address) Nudlyville 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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Herrell

(ADDRESS) Nudlyville Mo

Filed Aug 19, 1913 Mrs Davis

REGISTRAR

PLACE OF BURIAL OR REMOVAL
Nudlyville Mo

DATE OF BURIAL
Aug 20, 1913

UNDERTAKER
J J Frank

ADDRESS
Poplar Street 2200

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*, *peritonæum*, 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.)

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

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

PLACE OF DEATH

County Butler

Township Neelyville, Mo.
or
Village
or
City

Registration District No. 88
Primary Registration District No. 4054

File No. _____
Registered No. 21

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

FULL NAME John O. Nesby

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE Black SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

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

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

I HEREBY CERTIFY, that I attended deceased from Aug 19, 1913 to Aug 19, 1913, that I last saw him alive on Aug 19, 1913 and that death occurred, on the date stated above, Satisfactory Information Supplied.
The CAUSE OF DEATH* was as follows:

AGE unknown
If LESS than day, hrs of, min

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

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

PARENTS NAME OF FATHER Franky Nesby BIRTHPLACE OF FATHER Georgetown MAIDEN NAME OF MOTHER Miss BIRTHPLACE OF MOTHER unknown

Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) W. B. Davis M. D. Aug 19, 1913 (Address) Neelyville, 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.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Shirley Russell (ADDRESS) Neelyville, Mo.

PLACE OF BURIAL OR REMOVAL Neelyville, Mo. DATE OF BURIAL Aug 20, 1913 UNDERTAKER T. C. Spant

Filed Aug 19, 1913 W. B. Davis REGISTRAR

Revised United States Standard Certificate of Death

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

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