

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH			
County	<u>Howel Chapel</u>		Registration District No.	<u>383</u>	File No.	<u>26229</u>
Township or Village			Primary Registration District No.	<u>533</u>	Registered No.	<u>9</u>
City			St.		Ward)	
FULL NAME			<u>Otto Bay</u>			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)	DATE OF DEATH			
<u>Male</u>	<u>White</u>	<u>Single</u>	<u>Aug 14, 1913</u> (Month) (Day) (Year)			
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from			
<u>Oct 19, 1911</u> (Month) (Day) (Year)			<u>July 5, 1913, to Aug 14, 1913,</u>			
AGE		IF LESS than 1 day, ___ hrs. or ___ min.?	that I last saw him alive on <u>Aug 14, 1913,</u>			
<u>1 yrs. 10 mos. ds.</u>			and that death occurred, on the date stated above, at <u>3 p.m.</u>			
OCCUPATION (a) Trade, profession, or particular kind of work			The CAUSE OF DEATH* was as follows:			
<u>None</u>			<u>Marasmus</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)			(Duration) ___ yrs. ___ mos. ___ ds.			
<u>Howel</u>						
PARENTS	NAME OF FATHER	<u>Alfred Bay</u>	Contributory (SECONDARY)			
	BIRTHPLACE OF FATHER (City or town, State or foreign country)	<u>Reynolds Co</u>	(Duration) ___ yrs. ___ mos. ___ ds.			
	MAIDEN NAME OF MOTHER	<u>Vina Corlier</u>	(Signed) <u>W. J. Dickerson</u> M. D.			
	BIRTHPLACE OF MOTHER (City or town, State or foreign country)	<u>Texas Co</u>	<u>Aug 13, 1913</u> (Address) <u>Wt View Mo</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
(Informant) <u>W. J. Dickerson</u>			LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)			
(ADDRESS) <u>Wt View Mo</u>			At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.			
Filed <u>Aug 24, 1913</u> <u>J. M. Anderson</u> REGISTRAR			Where was disease contracted if not at place of death?			
			Former or usual residence.			
			PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL	
			<u>Chapel Hill</u>		<u>Aug 15, 1913</u>	
			UNDERTAKER		ADDRESS	
			<u>Harvey Bay</u>		<u>Calute Church</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*, *peritonacum*, 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.)



WRITE PLAINLY. WITH UNREADING INK—THIS IS A PERMANENT RECORD

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

PLACE OF DEATH

County Howell
Township Chapel
or
Village
or
City

Registration District No. 383
Primary Registration District No. 5533

File No. _____
Registered No. 9

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

FULL NAME

Otto Bay

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Sat Oct 19</u> (City or town, State or foreign country) (Day) (Year)		
AGE <u>1</u> yrs. <u>10</u> mos. <u></u> ds.		IF LESS than day hrs ds min
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) <u>Howell Mo</u>		
PARENTS	NAME OF FATHER <u>Alfred Bay</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Bay City Mo</u>	
	MAIDEN NAME OF MOTHER <u>McDonna Colton</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Texas Co Mo</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 14, 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:
Marasmus.
Rheumatism was the exciting cause.
(Duration) _____ yrs. 4 mos. _____ ds.

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

(Signed) W. J. Dickerson M. D.
Aug 15, 1913 (Address) W. View

*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) W. J. Dickerson
(ADDRESS) W. View

Filed Aug 24 1913 M. Anderson REGISTRAR

PLACE OF BURIAL OR REMOVAL <u>Chapel Hill Cem.</u>	DATE OF BURIAL <u>Aug 15</u> , 191 <u>3</u>
UNDERTAKER <u>Wm. Hargrove</u>	ADDRESS <u>W. View</u>

Revised United States Standard Certificate of Death

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