

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

PLACE OF DEATH

County Butter

Township Ash Hill

or Village Fisk, Mo

or City \_\_\_\_\_ (NO \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 925

File No. 38740

Primary Registration District No. 5734C

Registered No. 25

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

FULL NAME Earnest Willie Heaslers

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE: White SINGLE MARRIED Single WIDOWED OR DIVORCED (if rite the word)

DATE OF BIRTH Oct 26, 1915 (Month) (Day) (Year)

AGE 1 yrs. 6 mos. 6 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ 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) Fisk, Mo

NAME OF FATHER Jr Heaslers

BIRTHPLACE OF FATHER (City or town, State or foreign country) Butter Co, Mo

MAIDEN NAME OF MOTHER Maggie Harrington

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Williamson Co, Ill

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W J Heacock

(ADDRESS) Fisk, Mo

Filed Dec 13, 1913 Vincent H. Gresham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec 2, 1913 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov 23, 1913, to Dec 1st, 1913, that I last saw him alive on Dec 1st, 1913, and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH\* was as follows:  
Bowel trouble  
119 B  
127 A  
(Duration) \_\_\_ yrs. \_\_\_ mos. 10 ds.

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) V L Gresham M. D. Dec 3, 1913 (Address) Fisk, 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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Ash Hill DATE OF BURIAL Dec 3, 1913

UNDERTAKER James Parker ADDRESS Fisk, Mo

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*, *Composer*, *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*, *peritonaeum*, 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.), "Dropy," "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.)

ORIGINAL FILED IN THIS IS A PERMANENT RECORD

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MISSOURI STATE BOARD OF HEALTH

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CERTIFICATE OF DEATH

PLACE OF DEATH

County Butler  
Township Ash Hill  
or  
Village \_\_\_\_\_  
or  
City \_\_\_\_\_ (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

Registration District No. 925 File No. \_\_\_\_\_  
Primary Registration District No. 51340 Registered No. 25

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

FULL NAME Earnest Willie Haeckels

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE w SINGLE S MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_ OR DIVORCED \_\_\_\_\_ (Write the word)

DATE OF DEATH Dec 23, 1913  
(Month) (Day) (Year)

DATE OF BIRTH Oct 26, 1913  
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Jan 23, 1913 to Dec 23, 1913  
that I last saw him alive on Dec 1, 1913

AGE 6 yrs. 6 mos. 6 ds. if LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

and that death occurred, on the date stated above, at 10<sup>30</sup> 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:  
Bronch trouble  
Bronch - Pneumonia

BIRTHPLACE (City or town, State or foreign country) Near J. R. Mo

(Duration) 9 yrs. 10 mos. 10 ds.

NAME OF FATHER John Haeckels

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) J. R. Mo

(Signed) W. L. Greathouse M. D.  
12/3, 1913 (Address) Fish Run

MAIDEN NAME OF MOTHER Mrs. Dick Harrington

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

BIRTHPLACE OF MOTHER (City or town, State or foreign country) J. R. Mo

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John Haeckels

Where was disease contracted If not at place of death? \_\_\_\_\_ Former or usual residence \_\_\_\_\_

(ADDRESS) Fish Run

PLACE OF BURIAL OR REMOVAL Ash Hill DATE OF BURIAL 12-3, 1914

Filed 12/3 1913 W. L. Greathouse REGISTRAR

UNDERTAKER James Warren ADDRESS Fish Run

# Revised United States Standard Certificate of Death

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

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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, 8 yrs.)* For persons who have no occupation whatever, write *None*.

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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", "Hemorrhage," "Inanition," "Marasmus," "Old

To

County

Missouri

death approved by Committee on Nomenclature of the American Medical Association.)

38740

OF HI  
Statistics