

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 Repley
Township Washington
or Fairdealings
Village _____
or _____
City _____ (NO. _____ St.: _____ Ward _____)

Registration District No. 754 File No. 3-8489
Primary Registration District No. 5995 Registered No. 16

FULL NAME Titus S Sandlin

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

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE married
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF BIRTH July 30, 1851
(Month) (Day) (Year)

AGE 62 yrs. 4 mos. 4 ds. If LESS than
1 day, ____ hrs. or ____ min.?

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

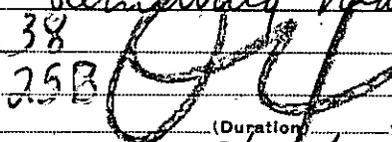
BIRTHPLACE
(City or town, State or foreign country) Repley Co Mo.

PARENTS
NAME OF FATHER Jonathan Sandlin
BIRTHPLACE OF FATHER (City or town, State or foreign country) know not.
MAIDEN NAME OF MOTHER Carolin Colwell
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Alabama

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH December 4, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 19, 1912, to Dec 4, 1913, that I last saw him alive on Dec 4, 1913, and that death occurred, on the date stated above, at 12:30 pm.

The CAUSE OF DEATH* was as follows:
Permitting Nephrosis
38
1258 

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

Contributory Hepatic abscess
(SECONDARY) (Duration) ____ yrs. 2 mos. ____ ds.

(Signed) J Eewhite M. D.
12/5 1913 (Address) Fairdealings

*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? L

Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Carolin Sandlin
(ADDRESS) Fairdealings Mo.

Filed 12/5 1913 J Eewhite
REGISTRAR

PLACE OF BURIAL OR REMOVAL Fairdealings Mo.
DATE OF BURIAL 12/5 1913

UNDERTAKER W E Davis
ADDRESS Repley Mo.

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: *Barmer (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, meningis, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of (name organ; "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.)

N. B.—Every item of information should be in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified.

MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH Pike Bluffs
 County Washington Registration District No. 754 File No. 33
 Township Washington or Village Fairdealings Primary Registration District No. 5995 Registered No. 16
 City _____ (No. _____) St.; _____ Ward _____
 FULL NAME Jetus S. Sandlin

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

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OR RACE W SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M
 DATE OF BIRTH July 30, 1887
 (Month) (Day) (Year)
 AGE 37 yrs. 4 mos. 4 ds. If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employee) General Farming
 BIRTHPLACE (City or town, State or foreign country) Pike Co Mo
 NAME OF FATHER John D Sandlin
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Person
 MAIDEN NAME OF MOTHER Catherine Caldwell
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Alabama
 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Cristian Sandlin
 (ADDRESS) Fairdealings
 Filed 12/5 1913 REGISTRAR W. E. Davis

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 12/4, 1913
 (Month) (Day) (Year)
 I HEREBY CERTIFY, that I attended deceased from 12/3, 1913, to 12/4, 1913
 that I last saw him alive on 12/4, 1913
 and that death occurred, on the date stated above, at 12:30 p. m.
 THE CAUSE OF DEATH* was as follows:
Remittent Malaria
 (Duration) _____ yrs. _____ mos. 10 ds.
 Contributory Hepatic abscess
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) Hewhite M. D.
175 1913 (Address) Fairdealings
 *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 Fairdealings Cem DATE OF BURIAL 12/5, 1913
 UNDERTAKER W. E. Davis ADDRESS Wayles Mo

Revised United States Standard Certificate of Death

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

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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 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.)