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: Bates

Township or Village or City: Butler (NO. ____, ____ St.; 1st Ward)

Registration District No. 50 — File No. 3861

Primary Registration District No. 3004 — Registered No. 11

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

**FULL NAME** H. Harrison Igou

**PERSONAL AND STATISTICAL PARTICULARS**

| SEX | COLOR OR RACE | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) |
|---|---|---|
| Male | White | Married |

DATE OF BIRTH: December (Month) 14 (Day), 1843 (Year)

AGE: 68 yrs. 2 mos. 9 ds. — If LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE (City or town, State or foreign country): Canton Ohio

PARENTS

NAME OF FATHER: Paul Igou

BIRTHPLACE OF FATHER (City or town, State or foreign country): Don't Know

MAIDEN NAME OF MOTHER: Ellen Westbrook

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Don't Know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs W.O. Card

(ADDRESS) Butler Mo

Filed Feb 25, 1914. T. C. Boulware, REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH: Feb (Month) 23 (Day), 1914 (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 9, 1914, to Feb 23, 1914, that I last saw him alive on Feb 17, 1914, and that death occurred, on the date stated above, at 9.30 p.m.

The CAUSE OF DEATH* was as follows:

Dilatation of heart

95B
97

(Duration) ____ yrs. 2 mos. — ds.

Contributory (SECONDARY) Arteriosclerosis

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

(Signed) E. M. Christian M. D.

Feb 25, 1914. (Address) Butler 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 | DATE OF BURIAL |
|---|---|
| Oak Hill | Feb 25, 1914 |
| **UNDERTAKER** | **ADDRESS** |
| A H Culver Funeral | Butler Mo |

# Revised United States Standard Certificate of Death

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

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**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, 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.), "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 *septichaemia*," "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.)

Items #1, 9, 11, 12 & 13 corr. by aff. from Daughter - 8-24-78

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

**PLACE OF DEATH**

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Township or Village or City: Butler (NO. ____ St.: 1st Ward)

Registration District No. 50 — File No. 3861

Primary Registration District No. 3004 — Registered No. 11

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

FULL NAME: WILLIAM H. Harrison Igou

**PERSONAL AND STATISTICAL PARTICULARS**

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): Married

DATE OF BIRTH: December 14, 1845 (Month) (Day) (Year)

AGE: 68 yrs. 2 mos. 9 ds. — If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer):

BIRTHPLACE (City or town, State or foreign country): Champaign County, ~~Canton~~ Ohio

PARENTS

NAME OF FATHER: Paul Igou

BIRTHPLACE OF FATHER (City or town, State or foreign country): Ross County, Ohio ~~Lew Knox~~

MAIDEN NAME OF MOTHER: Eleanor ~~Ellen~~ Westbrook

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Pennsylvania ~~Lord Lucas~~

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant): Mrs W.O. Card

(ADDRESS): Butler Mo

Filed Feb 25, 1914. T. C. Boulman, REGISTRAR

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95B

97

(Duration) ___ yrs. 2 mos. — ds.

Contributory (Secondary): Arteriosclerosis

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) E. N. Chastain M. D.

Feb 25, 1914 (Address) Butler 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: Oak Hill

DATE OF BURIAL: Feb 25, 1914

UNDERTAKER: A H Culver Funk Co

ADDRESS: Butler Mo

8-24-78