

EXAMINERS should state
 EXACT OCCUPATION is very important.

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

PLACE OF DEATH

County Clay
 Township _____
 or
 Village _____
 or
 City Excelsior Springs (NO. W. Broadway & Wyman St.: _____ Ward)

Registration District No. 198 File No. 11982
 Primary Registration District No. 3011 Registered No. 48

FULL NAME Cameron W. Madill

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE - MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
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DATE OF BIRTH Dec. 12, 1873
(Month) (Day) (Year)

AGE 40 yrs. 4 mos. 2 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer 131
(b) General nature of industry, business, or establishment in which employed (or employer) 11

BIRTHPLACE (City or town, State or foreign country) Iowa 132

PARENTS	NAME OF FATHER <u>Robert Madill</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ireland</u>
	MAIDEN NAME OF MOTHER <u>Eliza Bell</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ireland</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. J. Paul
(ADDRESS) Gilman Mo.

Filed April 14, 1914 of J. T. Boyart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 14, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 31st, 1914, to April 14, 1914, that I last saw him alive on Mar 14, 1914, and that death occurred, on the date stated above, at 12:25 P.M.

The CAUSE OF DEATH* was as follows:
urmic coma

Contributory Pneumonia
(SECONDARY) (Duration) 2 yrs. ___ mos. ___ ds.

(Signed) J. T. Boyart M. D.
4214 1914 (Address) 24 2nd 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. 14 ds. In the State ___ yrs. ___ mos. 14 ds.
Where was disease contracted if not at place of death?

Former or usual residence Gilman Mo.

PLACE OF BURIAL OR REMOVAL <u>Gilman Iowa</u>	DATE OF BURIAL <u>Don't know</u>
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UNDERTAKER <u>C. B. Enlow</u>	ADDRESS <u>Excelsior Springs Mo.</u>
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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.), "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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

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

PLACE OF DEATH

County

Clay

Township

Registration District No.

198

File No.

or Village

Primary Registration District No.

3011

Registered No.

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

City

FULL NAME

St Sparks (NO W. Broadway & Highway)
Carroll W. Madell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

M

W

M

DATE OF DEATH

April 14, 191*4*
(Month) (Day) (Year)

DATE OF BIRTH

(Month) (Day) (Year)

AGE

yr. ds.

If LESS than 1 day, hrs. or min.

I HEREBY CERTIFY, that I attended deceased from *1914* that I last saw him *alive on*, 191*4*, and that death occurred, on the date stated above, *12:25* p.m.

The CAUSE OF DEATH* was as follows:

Anemia Cong

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)

NAME OF FATHER

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

MAIDEN NAME OF MOTHER

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Contributory

(SECONDARY) *chronic pulmonary nephritis*
(Duration) yrs. mos. ds.

(Signed)

4/14, 191*4* (Address)

*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

UNDERTAKER

ADDRESS

Filed

April 14, 191*4* *T.M. Bogart*
REGISTRAR

Original file, date

April - 1914

All information called for must be written on this Supplementary Certificate.

Every item of information should be carefully supplied. AGE should be stated in plain terms. If it may be properly stated in years, months, and days, it should be so stated. If the death is a violent one, the cause should be stated in plain terms.

Satisfactory Information Supplied.

Satisfactory Information Supplied.

Revised United States Standard Certificate of Death

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

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