

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

County Putnam

Township Sherman

Village _____

City _____

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

723

13551

File No. _____

Registration District No. _____

Primary Registration District No. 5954

Registered No. 3

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

FULL NAME

Glen Casey Knowles

PERSONAL AND STATISTICAL PARTICULARS

SEX M COLOR OF FACE W SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Feb. 28 1914
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ 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) Mo.

NAME OF FATHER Grover C Knowles

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

MAIDEN NAME OF MOTHER Ellen Beverage

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) G C Knowles

(ADDRESS) Unionville Mo

Filed 4/14 1914

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. 4 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr. 4, 1914, to Apr. 4, 1914, that I last saw him alive on 4/4, 1914, and that death occurred, on the date stated above, at 10:30 p.m.

The CAUSE OF DEATH* was as follows:

Acute Milk Infection

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

(Signed) L. F. Gray M. D.
4/6 1914 (Address) Adwessville 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 Union Chh Church DATE OF BURIAL Apr 5 1914

UNDERTAKER J. R. Cramer ADDRESS Unionville 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, 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.)

Special Information for persons dying away from home should be given in every instance.

1. County of Putnam
 2. Township of Sherman
 3. City or Town of Glen Carey (No. 729 St.: 58 1/2 Ward)
 4. FULL NAME Glen Carey Knowles

[If death occurred in a Hospital or Institution, give its NAME instead of street and number.]

5. SEX Male 6. COLOR White

17. DATE OF DEATH Apr 4 1914
 (Month) (Day) (Year) *Registered No. 3*

7. DATE OF BIRTH Feb 28 1914
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from on Apr 4 1914 to 1 that I last saw him alive on Apr 4 1914 and that death occurred on the date stated above, at 10-30 PM

8. AGE 1 Month, 6 Days

9. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

18. M. The CAUSE OF DEATH was as follows:

10. BIRTHPLACE (State or Country) Mo

Acute Miliary Infection
 (Duration) 1 Days

11. NAME OF FATHER Grover C Knowles

Contributory Auto-intoxication
 (Duration) 1 Days

12. BIRTHPLACE OF FATHER (State or Country) Mo

13. MAIDEN NAME OF MOTHER Ellen Beverage

19. (Signed) L L Gray M.D.
Gail B 1914 20. (Address) Covarsville Mo

14. BIRTHPLACE OF MOTHER (State or Country) Mo

15. OCCUPATION Farmer

21. SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.
 Former or Usual Residence..... How long at Place of Death?..... Days

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

Where was disease contracted, if not at place of death?.....

16. (Informant) G C Knowles -
 (Address) Unionville

22. PLACE OF BURIAL OR REMOVAL Union Church Cemetery 23. DATE OF BURIAL April 5 1914

24. UNDERTAKER J. R. Leman 25. ADDRESS Unionville

Filed Apr 14 - 1914 T. B. Thompson

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