

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

PLACE OF DEATH
County Pulaski
Township Piney
Village Big Piney

Registration District No. 714
Primary Registration District No. 5743

File No. 6
Registered No. 16978

FULL NAME Richard Miller

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OF RACE White SINGLE MARRIED widowed WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Feb. 5, 1882
(Month) (Day) (Year)

AGE 81 yrs. 8 mos. 7 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)

BIRTHPLACE (City or town, State or foreign country) Baden, Germany

NAME OF FATHER Joseph Miller

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

MAIDEN NAME OF MOTHER Josephine

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Significant) D.S. Miller

(ADDRESS) Big Piney Mo

Filed May 20 1944 REGISTRAR C. Mallette

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 3, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 17, 1913, to Oct 3, 1913, that I last saw him alive on Oct 3, 1913, and that death occurred, on the date stated above, at 2 A m.

The CAUSE OF DEATH* was as follows:
Bright's Disease
sp. - Mischirsky 70
132.A
(Duration) 6 yrs. 0 mos. 20 ds.

Contributory (SECONDARY) 0
(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) Thos Berry M. D.
Oct 3, 1913 (Address) Big Piney 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. State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?
Former or usual residence.

PLACE OF BURIAL OR REMOVAL Hopewell, Kans DATE OF BURIAL Oct 4, 1913

UNDERTAKER Jasper Bras ADDRESS Bloodland

PLACE OF DEATH

County _____
 Township _____
 or _____
 Village _____
 or _____
 City _____

Registration District No. _____

File No. _____

Primary Registration District No. _____

Registered No. _____

(NO. _____)

St. _____ Ward _____

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

FULL NAME

William B. Smith

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH	(Month) _____ (Day) _____ (Year) _____	
AGE	_____ yrs. _____ mos. _____ ds.	IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, particular kind of work	<i>laborer</i>	
(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)

Filed

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REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

1913
 (Month) _____ (Day) _____ (Year) _____

I HEREBY CERTIFY, that I attended deceased from _____, 1913, to _____, 1913

that I last saw *him* alive on *Oct 10*, 1913

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

AD

(Duration)

yrs.

mos.

Contributory

(Secondary)

(Duration)

yrs.

mos.

(Signed)

(Address)

*State the Disease Causing Death. (1) Deaths from Violent Causes,
 (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.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

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UNDERTAKER

ADDRESS

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

PLACE OF DEATH
County Pulaski
Township Piney
Village
or
City (NO. _____) (St. _____ Ward _____)

Registration District No. 714 File No. 16978
Primary Registration District No. 5943 Registered No. 6

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

FULL NAME Richard Miller

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W SINGLE Widowed
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

DATE OF DEATH Oct 1911
(Month) (Day) (Year)

DATE OF BIRTH Satisfactory information supplied
(Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from Satisfactory information supplied 1911, to Satisfactory information supplied 1911, that I last saw him alive on Satisfactory information supplied 1911, and that death occurred, on the date stated above.

AGE Satisfactory information supplied
If LESS than 1 day, _____ hrs. _____ min. _____ sec.
_____ yrs. _____ mos. _____ ds.

The CAUSE OF DEATH* was as follows:
Satisfactory information supplied

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)

(Duration) _____ yrs. _____ mos. _____ ds.

PARENTS
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)

Contributory (SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) _____ M. D.
1911 (Address) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lucretia Coogan
(ADDRESS) Big Piney 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 _____

Filed 10-1- 1914 C. Walling
REGISTRAR

PLACE OF BURIAL OR REMOVAL Satisfactory information supplied
DATE OF BURIAL _____ 1911
UNDERTAKER _____
ADDRESS _____

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

SUPPLEMENTARY

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*, *peritoneum*, 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.)