

PERMANENT RECORD

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 Bernett
 Township _____
 or _____
 Village _____
 or _____
 City Caruthersville (NO. _____) St.; _____ Ward _____

Registration District No. 451 File No. 23508
 Primary Registration District No. H 388 Registered No. 72

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

FULL NAME Charlies Franklin Dumm

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|--|
| SEX <u>Male</u> | COLOR OR RACE <u>White</u> | SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u> |
| DATE OF BIRTH <u>June 26th</u> , 1914 (Month) (Day) (Year) | | AGE ____ yrs. ____ mos. <u>7</u> ds. If LESS than 1 day, ____ hrs. or ____ min.? |
| OCCUPATION (a) Trade, profession, or particular kind of work <u>Infant</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>X</u> | | |
| BIRTHPLACE (City or town, State or foreign country) <u>Caruthersville Mo</u> | | |
| PARENTS | NAME OF FATHER <u>Mr R. Dumm</u> | |
| | BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>New Madrid Co Mo</u> | |
| | MAIDEN NAME OF MOTHER <u>Alice A Davis</u> | |
| | BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>New Madrid Co Mo</u> | |

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 4th, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 3, 1914, to one week, 1914, that I last saw him alive on July 3rd, 1914, and that death occurred, on the date stated above, at 4 a.m.

The CAUSE OF DEATH* was as follows:
Enterocolitis
119 B
118 C / 101 ✓

(Duration) ____ yrs. ____ mos. 5 ds.
 Contributory Indigestion
 (SECONDARY) (Duration) ____ yrs. ____ mos. 5 ds.

(Signed) W. H. Hedges M. D.
July 4, 1914 (Address) Caruthersville 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 _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) W R Dumm
 (ADDRESS) Caruthersville Mo
 Filed July 4, 1914 B D Crowe
 REGISTRAR

PLACE OF BURIAL OR REMOVAL Caruthersville Mo DATE OF BURIAL July 4, 1914
 UNDERTAKER J R Lewis ADDRESS Caruthersville 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 septicæmia," "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.)

WRITING INK ONLY, WITH UNFADING INK—THIS IS A MUST IN ALL DEATH RECORDS. PHYSICIANS should state exact statement of OCCUPATION is very important.

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

PLACE OF DEATH
County Missouri
Township Caruthersville
Village Caruthersville
City _____ (NO. _____) (St. _____) (Ward _____)
Registration District No. 651
Primary Registration District No. 4388
Registered No. 72

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
FULL NAME Charlie Franklin Dunn
[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 Single
(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, 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) _____

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) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (ADDRESS) _____

Filed 8/29 1914 B. Dunn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 1 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____ 1914, to _____, 1914, that I last saw him alive on _____, 1914, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:

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

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

Blasphemy July 1, 1914 (Address) Caruthersville 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 _____ 1914

UNDERTAKER _____ ADDRESS _____

SUPPLEMENTARY INFORMATION SUPPLIED

Revised United States Standard Certificate of Death

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

2308

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