

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

PLACE OF DEATH
County Marshall
Township _____
or _____
Village _____
or _____
City Kennett Mo. (NO. _____) St.: _____ Ward _____

Registration District No. 288 File No. 25777
Primary Registration District No. 4172 Registered No. 72

FULL NAME Harry Campbell

(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) <input checked="" type="checkbox"/>
DATE OF BIRTH <u>Month</u> <u>Know.</u> <u>Day</u> <u>1862</u> <u>Year</u>		
AGE <u>52</u> yrs. _____ mos. _____ ds.		If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Labour. 163M</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>163M</u>		

2 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 3, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from aug 2, 1914, to aug 3, 1914, that I last saw him alive on aug 3, 1914, and that death occurred, on the date stated above, at 11 a m.

The CAUSE OF DEATH was as follows:
Alcohol & morphine
Poison taken with suicidal intent

(Duration) 1 mos. 1 ds.

Contributory (SECONDARY) 163M
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) T. N. Eglert, Coroner M. D.
Aug 3 1914 (Address) Kennett 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 Marshall DATE OF BURIAL Aug 3, 1914

UNDERTAKER A C Louder ADDRESS Kennett Mo.

BIRTHPLACE (City or town, State or foreign country) Don't Know.

PARENTS	NAME OF FATHER <u>Don't Know.</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) _____
	MAIDEN NAME OF MOTHER <u>Don't Know.</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) T. N. Eglert,

(ADDRESS) Kennett Mo.

Filed Aug 3 1914 J. R. Jordan REGISTRAR

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.

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, 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, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasma); *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.)

PLACE OF DEATH

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

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County

Township

Village

City

Registration District No.

Primary Registration District No.

File No.

Registered No.

FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OF RACE W. SINGLE MARRIED X WIDOWED OR DIVORCED X (If write the word) Unknown

DATE OF DEATH Aug 3, 1914
(Month) (Day) (Year)

DATE OF BIRTH Satisfactory Information Supplied
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Satisfactory Information Supplied, 1914, to Satisfactory Information Supplied, 1914, that I last saw h Satisfactory Information Supplied alive on Satisfactory Information Supplied, 1914.

AGE Satisfactory Information Supplied yrs. Satisfactory Information Supplied mos. Satisfactory Information Supplied ds. Satisfactory Information Supplied hrs. Satisfactory Information Supplied min.

and that death occurred, on the date stated above at Satisfactory Information Supplied m. The CAUSE OF DEATH* was as follows:

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

BIRTHPLACE (City or town, State or foreign country) Satisfactory Information Supplied

PARENTS NAME OF FATHER Satisfactory Information Supplied
BIRTHPLACE OF FATHER (City or town, State or foreign country) Satisfactory Information Supplied
MAIDEN NAME OF MOTHER Satisfactory Information Supplied
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Satisfactory Information Supplied

Contributory (SECONDARY) Satisfactory Information Supplied (Duration) Satisfactory Information Supplied yrs. Satisfactory Information Supplied mos. Satisfactory Information Supplied ds. (Signed) Satisfactory Information Supplied M. D. Satisfactory Information Supplied, 1914 (Address) Satisfactory Information Supplied

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LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death Satisfactory Information Supplied yrs. Satisfactory Information Supplied mos. Satisfactory Information Supplied ds. In the State Satisfactory Information Supplied yrs. Satisfactory Information Supplied mos. Satisfactory Information Supplied ds.

Where was disease contracted if not at place of death? Satisfactory Information Supplied

Former or usual residence Satisfactory Information Supplied

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. H. Egbert (Coroner) (ADDRESS) Kennett Mo.

PLACE OF BURIAL OR REMOVAL Satisfactory Information Supplied DATE OF BURIAL Satisfactory Information Supplied, 1914

Filed Oct 2, 1914 J. H. Egbert REGISTRAR

UNDERTAKER Satisfactory Information Supplied ADDRESS Satisfactory Information Supplied

Revised United States Standard Certificate of Death

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

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