

N. B.—Every item of information should be carefully applied. 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.

39249

PLACE OF DEATH  
County: Knott  
Township: \_\_\_\_\_ or \_\_\_\_\_  
Village: Edina  
City: Edina Mo (NO. \_\_\_\_\_) St.: \_\_\_\_\_ Ward: \_\_\_\_\_  
Registration District No. 441 File No. \_\_\_\_\_  
Primary Registration District No. 4259 Registered No. 50

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

FULL NAME George Payton

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)  
DATE OF BIRTH Mar. 4<sup>th</sup>, 1838  
(Month) (Day) (Year)  
AGE 76 yrs. 9 mos. — ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?  
OCCUPATION (a) Trade, profession, or particular kind of work laborer.  
(b) General nature of industry, business, or establishment in which employed (or employer) doing house  
BIRTHPLACE (City or town, State or foreign country) Callo. Mo  
PARENTS  
NAME OF FATHER don't know  
BIRTHPLACE OF FATHER (City or town, State or foreign country) don't know  
MAIDEN NAME OF MOTHER don't know  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) don't know

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 29, 1914  
(Month) (Day) (Year)  
I HEREBY CERTIFY, that I attended deceased from Nov. 29, 1914, to no more, 1914, that I last saw him alive on Nov. 29, 1914, and that death occurred, on the date stated above, at 10 a.m.  
The CAUSE OF DEATH\* was as follows:  
Pneumonia  
IIA  
10%  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
Contributory Lagripop  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. 9 ds.  
(Signed) RWA Rebo M. D.  
Nov 30, 1914 (Address) Edina 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) RWA Rebo  
(ADDRESS) Edina Mo  
Filed Dec 16<sup>th</sup> 1914 H. J. Burgess REGISTRAR.

PLACE OF BURIAL OR REMOVAL Edina Mo DATE OF BURIAL Nov 31, 1914  
UNDERTAKER J. B. McCutchan ADDRESS Edina 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, 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 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.)

PLACE OF DEATH

County

Knott

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

Township

Registration District No.

44

File No.

Village

Primary Registration District No.

4259

Registered No.

35

City

Edwards

NO.

St.

Ward)

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

FULL NAME

George Payton

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)

M

B

M

DATE OF DEATH

Nov 29, 1914  
(Month) (Day) (Year)

DATE OF BIRTH (Month) (Day) (Year)

factory info  
1  
(Month) (Day) (Year)

AGE

IF LESS than 1 day, hrs. or min.?

I HEREBY CERTIFY, that I attended deceased from factory info to factory info, 1914, that I last saw h factory info alive on factory info, 1914, and that death occurred, on the date stated above, at factory info m.

OCCUPATION (a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH\* was as follows:  
Pneumonia

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)

Contributory La Grippe  
(SECONDARY) (Duration) 1 yrs. 0 mos. 0 ds.  
(Signed) via baby M. D. Nov 30 1914 (Address) Canton 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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 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

1914

REGISTRAR

CAUSE OF DEATH in death to "as, au." (it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

SUPPLEMENTARY

# Revised United States Standard Certificate of Death

Approved by U. S. Census and American Public Health  
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