

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

1 PLACE OF DEATH

County Brown

Township _____
or _____

Village _____
or Columbia
City _____

Registration District No. 73

File No. 7446

Primary Registration District No. 3006

Registered No. HG

St. Parker Hospital Ward _____

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

2 FULL NAME Eli Penter

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH February 7, 1886
(Month) (Day) (Year)

7 AGE 79 yrs. 1 mos. 8 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Arkansas

PARENTS
10 NAME OF FATHER Unknown
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown
12 MAIDEN NAME OF MOTHER Mrs. Tate
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Eli E Penter
(Address) Sedalia, Mo.

15 Filed March 14, 1915 James Gordon
Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 15, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from March 11, 1915 to March 15, 1915, that I last saw him alive on March 14, 1915 and that death occurred, on the date stated above, at 6:20 a.m.

The CAUSE OF DEATH* was as follows:
Paralysis - Cerebral
8704
820
64
(Duration) 2 yrs. 6 mos. 0 ds.

CONTRIBUTORY (Secondary)
(Signed) W. H. St... M. D.
3/14 1915 (Address) Chil...

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 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

19 PLACE OF BURIAL OR REMOVAL Salon DATE OF BURIAL 3-15-1915

20 UNDERTAKER Parker, Funeral & Co. Columbia ADDRESS

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 occupations

applies to each

For many occupations a single line will

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Handwritten notes in cursive script, including the word 'Occupation' and other illegible text.

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.)