

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

9598

PLACE OF DEATH  
County St. Louis  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Hayti (NO. \_\_\_\_\_) St.: \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 65-3 File No. \_\_\_\_\_  
Primary Registration District No. 4390 Registered No. 17

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

FULL NAME Raymond Sylvester Adams

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH: May 8, 1900  
(Month) (Day) (Year)

AGE 4 yrs. 10 mos. 9 ds. If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) Hayti Mo

NAME OF FATHER Edward T Adams

BIRTHPLACE OF FATHER (City or town, State or foreign country) New Madrid Co Mo

MAIDEN NAME OF MOTHER Rebecca Noble

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Stoddard Co. Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edward T Adams

(ADDRESS) Hayti Mo.

Filed 3/17 1915 M. Johnson REGISTRAR  
L. L. Bly

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 17, 1915  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 11, 1915, to March 16, 1915, and that I last saw him alive on March 16, 1915,

and that death occurred, on the date stated above, at 8 a.m.

The CAUSE OF DEATH\* was as follows:  
Typhoid fever

1 (Duration) 0 yrs. 0 mos. 9 ds.

Contributory Parasitosis (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 7 ds.

(Signed) W. P. Burgess M. D. March 17, 1915 (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 Portageville Mo DATE OF BURIAL Mar. 18, 1915

UNDERTAKER G. W. Dennis ADDRESS Hayti Mo

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, 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 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

Pennscoot

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

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County

Township

Registration District No.

File No.

Village

Primary Registration District No.

Registered No.

City

(NO.

St.

Ward)

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

FULL NAME

Raymond Sylvester Adams

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

SEX

COLOR OR RACE

 SINGLE  
 MARRIED  
 WIDOWED  
 OR DIVORCED  
 (Write the word)

DATE OF DEATH

3 / 17 / 1915  
(Month) (Day) (Year)

DATE OF BIRTH

(Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

to

that I last saw h. alive on

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

The CAUSE OF DEATH\* was as follows:

Typhoid fever

(Duration) yrs. mos. ds.

Contributory Acute Bronchitis

(SECONDARY) (Duration) yrs. mos. ds.

(Signed) W. J. Burgess M. P.

3-17-1915 (Address) Carthage, 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

UNDERTAKER:

ADDRESS

Supplementary Information Supplied.

REGISTRAR

Supplied.

Filed

March 17, 1915

J. W. Johnson

REGISTRAR

Original file, date

All information called for must be written on this Supplementary Certificate.

CAUSE OF DEATH in plain terms, so that it may be readily classified. Exact state, if possible, is very important.

 Satisfactory Information Supplied.  
 SUPPLEMENTARY  
 Satisfactory Information Supplied.  
 Satisfactory Information Supplied.

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