

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Rutan
Township Elmer
or
Village Elmer
or
City _____

Registration District No. _____

Primary Registration District No. _____

File No. _____

Registered No. _____

19772

2 FULL NAME

Elmer M. Moly

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

7 AGE _____
If LESS than 1 day, _____ hrs. or _____ min.?
_____ yrs. _____ mos. _____ ds.

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

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

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15 Filed 6-65 191 0 Elmer
Registrar

25 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

6 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 6/2 1915 to 6/5 1915
that I last saw him alive on 6/4 1915,
and that death occurred, on the date stated above, at 9 a.m.

The CAUSE OF DEATH* was as follows:

Gastroenteritis
12 hr
10 hr
(Duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Old age
(Secondary) _____

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

(Signed) J. H. Hesse M. D.

191 (Address) _____

*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

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

W. A. Williams Wichita 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.)

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH. 7 imports
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA

County		Township		Village		City		Registration District No.		Primary Registration District No.		File No.		Registered No.		Certificate of Death															
Putnam		Elm						719		5950				13		[If death occurred in a hospital or institution, give its NAME instead of street and number.]															
2 FULL NAME		Chas Ashby																													
PERSONAL AND STATISTICAL PARTICULARS																MEDICAL CERTIFICATE OF DEATH															
3 SEX				4 COLOR OR RACE				5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)				16 DATE OF DEATH																			
M.				W.				Single				6-6-1915 (Month) (Day) (Year)																			
6 DATE OF BIRTH																17 I HEREBY CERTIFY, that I attended deceased from															
Not Known																6-5-1915 to 6-5-1915															
(Month) (Day) (Year)																that I last saw him alive on 6-4-1915															
7 AGE								If LESS than 1 day, hrs. or min.?								and that death occurred, on the date stated above, at 9 a. m.															
Not Known																The CAUSE OF DEATH* was as follows:															
8 OCCUPATION								(a) Trade, profession, or particular kind of work								Gastro Enteritis															
								none								105															
(b) General nature of industry business, or establishment in which employed (or employer)																															
9 BIRTHPLACE																(Duration) yrs. mos. ds.															
(City or town, State or foreign country)																Not Known															
10 NAME OF FATHER																CONTRIBUTORY															
No Henry																(Secondary) Old Age															
11 BIRTHPLACE OF FATHER																(Duration) yrs. mos. ds.															
(City or town, State or foreign country)																6															
12 MAIDEN NAME OF MOTHER																Signed															
Not Known																no attending physician															
13 BIRTHPLACE OF MOTHER																191 (Address)															
(City or town, State or foreign country)																Not Known															
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE																*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.															
(Informant)																18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)															
Joe Vestal																At place of death yrs. mos. ds. In the State yrs. mos. ds.															
(Address)																Where was disease contracted if not at place of death?															
Stahl Mrs R 702																Former or usual residence															
15																19 PLACE OF BURIAL OR REMOVAL															
Filed Aug 10, 1915 E F Weir Registrar																DATE OF BURIAL															
																6-7-1915															
																20 UNDERTAKER															
																No Undertaker Stahl Mrs															

Original file, date JUN 1915, 19

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

Revised United States Standard Certificate of Death

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

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F
F
6
1
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), 29ds.; *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.)