

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

34186

1 PLACE OF DEATH

County Livingston
Township Whiting
or
Village Mo
or
City Mo (NO. _____ St. _____ Ward _____)

Registration District No. 576
Primary Registration District No. 5686

File No. _____
Registered No. 13

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

2 FULL NAME

George W. Heaton

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 Nov. 21 1868
(Month) (Day) (Year)

7 AGE 47 yrs. - 4 mos. - 4 ds.
If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer & stockman
(b) General nature of industry, business, or establishment in which employed (or employer) Farming & deal in stock

9 BIRTHPLACE (City or town, State or foreign country) Branon Co Ill.

PARENTS
10 NAME OF FATHER Isaac Heaton
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio (Warren)
12 MAIDEN NAME OF MOTHER Amanda Canada
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Warren Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John G. Heaton
(Address) Kastren Ill.

15 Filed Nov 25 1915 W. A. Snipe
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 25 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 7 1915 to Nov 25 1915, that I last saw him alive on Nov 25 1915, and that death occurred, on the date stated above, at 2 6 m.

The CAUSE OF DEATH* was as follows:
Hemorrhage of Lungs
Result of an Injury

11215 (Duration) yrs. mos. ds. 6 Mos
1208 CONTRIBUTORY Chronic hepatitis & enteritis
(Secondary) (Duration) yrs. mos. ds. about 20

(Signed) W. A. Snipe M. D.
Nov 25 1915 (Address) Whiting Mo.

*State the Disease Causing Death, or, in death 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 Heaton Park Uniontown DATE OF BURIAL Nov 27 1915

20 UNDERTAKER Frank L. Sweeney ADDRESS Whiting 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, Composer, 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, 8 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, 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.)

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Lewis & Clark REGISTRARS SHALL NOT RECEIVE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY
 Township Wheeling Registration District No. 516 File No. 5686
 Village Wheeling Primary Registration District No. 5686 Registered No. 13
 City Wheeling (NO. 5686 St. Wheeling Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME George H. Heaton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE M MARRIED M WIDOWED M OR DIVORCED M (Write the word)
 6 DATE OF BIRTH 11-25-1875 (Month) 11 (Day) 1875 (Year)
 7 AGE 39 yrs. 11 mos. 25 ds. If LESS than 1 day, hrs. or min.?
 8 OCCUPATION (a) Trade, profession, or particular kind of work Senior Mage of Lungs
 (b) General nature of industry, business, or establishment in which employed (or employer)
 9 BIRTHPLACE (City or town, State or foreign country) Wheeling, W. Va.

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)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 25 1915 (Month) 25 (Day) 1915 (Year)
 17 I HEREBY CERTIFY, that I attended deceased from 11-25-1915 191... that I last saw him alive on 191... and that death occurred on the date stated above, at 11-25-1915 m.
 The CAUSE OF DEATH was as follows:
Senior Mage of Lungs
Result of old pulmonary
He has been getting a long time with
chronic gastritis & enteritis
 CONTRIBUTORY (Secondary) Chronic Gastritis & Enteritis
 (Duration) 20 yrs. mos. 11 ds.
 (Signed) W. S. Wolfe M. P.
11-25-1915 (Address) Wheeling, W. Va.
 *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 11 yrs. 11 mos. 25 ds. In the State 11 yrs. 11 mos. 25 ds.
 Where was disease contracted if not at place of death?
 Former or usual residence Wheeling, W. Va.
 19 PLACE OF BURIAL OR REMOVAL Supplied DATE OF BURIAL 1915
 20 UNDERTAKER Supplied ADDRESS Supplied

SUPPLEMENTARY

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) W. S. Wolfe
 (Address) Wheeling, W. Va.
 15 File 11-25-1915 Registrar W. S. Wolfe

A NEW SAFER LINK THIS IS A PERMANENT RECORD

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.

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Tuberculosis of lungs, meninges, peritonacum, 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), *20ds.*; *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 septichaemia," "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.)

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