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.

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

9700

PLACE OF DEATH

County Dallas

Township Wilson

or

Village

or

City (NO. , St.; Ward)

Registration District No. 247 File No.

Primary Registration District No. 5343 Registered No. 7

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

FULL NAME Delmas Adam Askew.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): single

DATE OF BIRTH: Mar 22 (Month) 1915 (Day) (Year)

AGE: yrs. 10 mos. 20 ds.

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

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

BIRTHPLACE (City or town, State or foreign country): Long Lane

PARENTS

NAME OF FATHER: G W Askew

BIRTHPLACE OF FATHER (City or town, State or foreign country): Dallas Co

MAIDEN NAME OF MOTHER: Nannie Burtin

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Dallas Co

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marion Lawson

(ADDRESS) Long Lane Mo

Filed Mar 13 1916. J J Balbot REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: Feb 11 (Month) (Day) 1916 (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 6, 1916, to Feb 10, 1916, that I last saw him alive on Feb 10, 1916, and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Acute Gastritis

118C

10K

(Duration) yrs. mos. 5 ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) G. A. Meyer M. D.

2-18 1916 (Address) Buffalo 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: Cedar Ridge

DATE OF BURIAL: Feb 12, 1916

UNDERTAKER: Chas. Routh

ADDRESS: Buffalo

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 shou[illegible]ken to report specifically the occupations of [illegible] in domestic service for wages, as *Servant*, *Maid*, etc. If the occupation has been cha[illegible] on account of the DISEASE CAUSING DEA[illegible]tion at beginning of illness. If retired [illegible] that fact may be indicated thus: *Farme*[illegible] For persons who have no occupation [illegible] *None.*

Sta[illegible]use of death.—Name, first, the DISEASE [illegible] (the primary affection with respect to [illegible]tion), using always the same accepted [illegible]me disease. Examples: *Cerebrospinal fe*[illegible]finite synonym is "Epidemic cerebrospina[illegible] *Diphtheria* (avoid use of "Croup"); *T*[illegible]ver report "Typhoid pneumonia"); *Lob*[illegible] *Bronchopneumonia* ("Pneumonia," unqua[illegible]te); *Tuberculosis of lungs, meninges, perito*[illegible]*cinoma*, *Sarcoma*, etc. of ..... (na[illegible]cer" 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 *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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