

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

PLACE OF DEATH

County Pike
Township Salt River
or
Village Ashton Mo
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 682 File No. 15501

Primary Registration District No. 4406 Registered No. _____

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

FULL NAME Curtis Sellers

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH Aug 1 (Month) (Day) (Year)

AGE 68 yrs. mos. 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) 821

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

NAME OF FATHER _____

BIRTHPLACE OF FATHER (City or town, State or foreign country) _____

MAIDEN NAME OF MOTHER _____

BIRTHPLACE OF MOTHER (City or town, State or foreign country) _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Sellers

(ADDRESS) Ashton Mo

Filed April 22 1916 E D Gibbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 21, 1916
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from _____, 1916, to _____, 1916,

that I last saw h _____ alive on _____, 1916,

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

The CAUSE OF DEATH* was as follows:

Probably Paralytic Stroke

(Duration) 1 yr yrs. mos. ds.

Contributory (SECONDARY) _____

(Duration) 1 yr yrs. mos. ds.

(Signed) H Hendrix Cooper M.D.

April 22 1916 (Address) Ashton 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 Jayles Chapel

DATE OF BURIAL April 22 1916

UNDERTAKER None

ADDRESS _____

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, 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); *Whooping cough; Chronic valvular heart disease; interstitial nephritis*, etc. The contributory (se- or intercurrent) affection need not be stated un- portant. Example: *Measles* (disease causing, 29 ds.; *Bronchopneumonia* (secondary), 10 ds. report mere symptoms or terminal conditions, "Asthenia," "Anaemia" (merely symptomatic), "At- "Collapse," "Coma," "Convulsions," "Debility" genital," "Senile," etc.), "Dropsy," "Exhaustion," failure," "Haemorrhage," "Inanition," "Marasmus," age," "Shock," "Uraemia," "Weakness," etc., definite disease can be ascertained as the cause. qualify all diseases resulting from childbirth carriage, as "PUERPERAL septichaemia," "Pur- peritonitis," etc. State cause for which surgical o- was undertaken. For VIOLENT DEATHS state MI INJURY and qualify as ACCIDENTAL, SUICIDAL, C CIDLAL, or as *probably* such, if impossible to de- definitely. Examples: *Accidental drowning; Si- railway train—accident; Revolver wound of head—h- Poisoned by carbolic acid—probably suicide*. The- of the injury, as fracture of skull, and consequenc- *sepsis, tetanus*) may be stated under the head c- tributory." (Recommendations on statement of death approved by Committee on Nomenclatur- American Medical Association.)

Association.]

Statement of occupation—Precise statement of