

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

1 PLACE OF DEATH

County Jasper  
Township Princeton  
or  
Village Princeton  
or  
City (NO. .... St. .... Ward)

Registration District No. 394 File No. 34674  
Primary Registration District No. 4570 Registered No. ....

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

2 FULL NAME Alexander Washington Clubb

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED married  
(If write the word)

6 DATE OF BIRTH August 13 1848  
(Month) (Day) (Year)

7 AGE 68 yrs. 7 mos. 15 ds. If LESS than 1 day.....hrs. or.....min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Lawrence Co. Ark

PARENTS 10 NAME OF FATHER Thomas Jefferson Clubb  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Pennsylvania  
12 MAIDEN NAME OF MOTHER Mary Smith  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary Clubb  
(Address) Princeton Mo.

15 Filed 29 Oct 1916 Robert H Jordan Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 28 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 22nd 1916 to Oct 28 1916, that I last saw him alive on Oct 28 1916, and that death occurred, on the date stated above, at 6 a.m.  
The CAUSE OF DEATH\* was as follows:  
Paralysis  
92 A  
82 D

(Duration) ..... yrs. .... mos. Six ds.  
CONTRIBUTORY (Secondary) .....  
(Duration) ..... yrs. .... mos. .... ds.  
(Signed) A. L. Olive M. D.  
Oct 28th 1916 (Address) Princeton Mo

\*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 Princeton Cem DATE OF BURIAL Oct 29 1916

20 UNDERTAKER Breth and Co ADDRESS Bartholomew

# 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.)

1 PLACE OF DEATH

County

*Jasper*

Township

Village

City

*Junell*

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

*394*

Registration District No.

Primary Registration District No.

File No.

Registered No.

*11*

(NO

St.

Ward)

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

2 FULL NAME

*Alexander N. Clubb*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M* 4 COLOR OR RACE *W* 5 SINGLE MARRIED WIDOWED OR DIVORCED *M*  
(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 *Oct 29* 191*6* *Robert G. Jordan*  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct 28* 191*6*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191 to 191  
that I last saw him alive on 191  
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH\* was as follows:  
*Paralysis and Chronic valvular heart disease*  
(Duration) *79* mos. *14* ds.

CONTRIBUTORY (Secondary)  
*Contributory* (Duration) mos. ds.  
(Signed) *A. S. Clive* M. D.  
*Oct 28* 191*6* (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 *Burial Home* DATE OF BURIAL *27 Oct* 191*6*

20 UNDERTAKER *Amels and Co* ADDRESS *Bartholomew*

SUPPLEMENTARY INFORMATION Supplied

CAUSE OF DEATH in plain terms, so that it may be properly understood

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