

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

35197

1 PLACE OF DEATH

County Boonville Registration District No. 656 File No. _____
 Township Coates or _____ Primary Registration District No. 5872 Registered No. _____
 Village _____ or _____ City _____ (NO. _____ St. _____ Ward _____)

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

2 FULL NAME Charles Clark

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>11</u> (Month) <u>6</u> (Day) <u>1916</u> (Year)		
7 AGE <u>1</u> yrs. <u>3</u> mos. <u>3</u> ds.		IF LESS than 1 day , hrs. _____ or min. _____

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) Missouri

PARENTS	10 NAME OF FATHER <u>Charles Clark</u>
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Missouri</u>
	12 MAIDEN NAME OF MOTHER <u>Lillian Martin</u>
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Missouri</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Marlie Clark
 (Address) Coates Mo

15
 Filed 10-14, 1916, John J. H. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
16 (Month) 9 (Day), 1916 (Year)

17 I HEREBY CERTIFY, that I attended deceased from 10-9-1916 to 10-9-1916, that I last saw him alive on 10-9-1916, and that death occurred, on the date stated above, at _____ m.

The **CAUSE OF DEATH*** was as follows:
Acetaminophen Poison

 _____ (Duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. E. Cooper M. D.
11-11-1916 (Address) Coates

*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 <u>St. Ann's Cemetery Mo</u>	DATE OF BURIAL <u>10-10</u> , 191 <u>6</u>
20 UNDERTAKER <u>Coates Supply Co</u>	ADDRESS <u>Coates Mo</u>

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

1 PLACE OF BIRTH County	2 FULL NAME PERSONAL	SEX	DATE OF BIRTH	AGE	OCCUPATION (a) Trade, profession, or particular kind of business, or nature of which employed (c)	BIRTHPLACE (City or town, State or foreign country)	10 NAME OF FATHER	11 BIRTHPLACE OF FATHER (City or town)	12 MAIDEN NAME OF MOTHER	13 BIRTHPLACE OF MOTHER (City or town)	THE ABOVE IS THE (Informant)	(Address)	Filed.....
Township or		4 CO											
Village or													
City													

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, peritonaeum*, 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.)