

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

1 PLACE OF DEATH

County Jasper  
Township .....  
or  
Village .....  
or  
City Joplin

Registration District No. 411 File No. 37906  
Primary Registration District No. 2002 Registered No. 461  
(NO. St. John's Hospital Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Elwin K. Hoyle

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Single</u> (If write the word)
DATE OF BIRTH <u>April 21 1907</u> (Month) (Day) (Year)		
AGE <u>9 yrs. 6 mos. 10 ds.</u>		If LESS than 1 day, hrs. or min.?
OCCUPATION Trade, profession, or particular kind of work <u>School-Boy 899</u>		
General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE City or town, State or foreign country <u>Rockville Mo.</u>		
10 NAME OF FATHER <u>St. E. Hoyle</u>		
11 BIRTHPLACE OF FATHER <u>Harrison Co. Mo.</u>		
12 MAIDEN NAME OF MOTHER <u>Mary F. Kadell</u>		
13 BIRTHPLACE OF MOTHER <u>Henry Co. Mo.</u>		

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
October 31 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Oct 26 1916 to Oct 31 1916, that I last saw him alive on Oct 31 1916 and that death occurred, on the date stated above, at 8:15 p.m.

The CAUSE OF DEATH\* was as follows:  
Sepsis  
Meningitis  
Operation

(Duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Meningitis  
(Duration) yrs. mos. 6 ds.

(Signed) M. B. Shelton M. D.  
Nov 1 1916 (Address) Joplin 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. 5 ds. In the State yrs. mos. ds.  
Where was disease contracted if not at place of death? Rockville Mo.  
Former or usual residence Rockville Mo.

3 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) St. E. Hoyle  
(Address) Rockville Mo.

19 PLACE OF BURIAL OR REMOVAL Rockville Mo. DATE OF BURIAL Nov 1 1916

Filed 11-4 1916 A.M. Juss Registrar

20 UNDERTAKER Hull-Shockley Und. Co. Joplin Mo. 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*, *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, 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 "Asthemia," "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.)

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Jasper

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

Township Joplin Registration District No. 411 File No. \_\_\_\_\_

City Joplin Primary Registration District No. 2002 Registered No. 666

City Joplin (NO. W. Adams Hosp St. \_\_\_\_\_ Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Elvin K. Hull

PERSONAL AND STATISTICAL PARTICULARS

1 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S

2 DATE OF BIRTH \_\_\_\_\_ 1 \_\_\_\_\_ 191\_\_\_\_ (Month) (Day) (Year)

3 AGE \_\_\_\_\_ If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

4 OCCUPATION \_\_\_\_\_ Trade, profession, or particular kind of work

5 General nature of industry, business, or establishment in which employed (or employer)

6 BIRTHPLACE \_\_\_\_\_ City or town, State or foreign country

7 10 NAME OF FATHER \_\_\_\_\_

8 11 BIRTHPLACE OF FATHER \_\_\_\_\_ (City or town, State or foreign country)

9 12 MAIDEN NAME OF MOTHER \_\_\_\_\_

10 13 BIRTHPLACE OF MOTHER \_\_\_\_\_ (City or town, State or foreign country)

11 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

12 (Informant) \_\_\_\_\_

13 (Address) \_\_\_\_\_

14 Filed 1/14 1916 A. M. Yeager Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 31 1916 (Month) (Day) (Year)

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

18 THE CAUSE OF DEATH\* was as follows:  
Septic Naungite pelloway  
Oper.

19 CONTRIBUTORY Mastoditis (Secondary) Duration \_\_\_\_\_ yrs \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) M. C. Shelton M. D. \_\_\_\_\_ 1916 (Address) Joplin, Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

20 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 \_\_\_\_\_

21 PLACE OF BURIAL OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_ 191\_\_\_\_

22 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

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*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), 29ds.; *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.)

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