

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH
39792

1 PLACE OF DEATH

County White
Township High Prairie
or
Village
or
City (NO. St. Ward)

Registration District No. 896 File No.
Primary Registration District No. 6200 Registered No. 64

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

2 FULL NAME Ralph Victor Climer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH Nov 20 1916
(Month) (Day) (Year)

7 AGE 6 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Marion Co., Mo

PARENTS
10 NAME OF FATHER William Climer
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Marion Co., Mo
12 MAIDEN NAME OF MOTHER Genie Montgomery
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Marion Co., Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. B. Hall
(Address) Marshfield Mo RFD 3

15 Filed Nov 27 1916 J. P. Bruce
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 26 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 191 to 191 that I last saw h. alive on 191 and that death occurred, on the date stated above, at 5 a m.

The CAUSE OF DEATH* was as follows:
Child unattended
2000
189

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.
(Signed) J. P. Bruce M. D.
Nov 26 1916 (Address) Marshfield 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 Prosper DATE OF BURIAL Nov. 27 1916

20 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); *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.)

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

PLACE OF DEATH
 Webster
 High Prairie

County: Webster
 Registration District No. 896
 File No. _____
 Township: High Prairie
 Primary Registration District No. 6200
 Registered No. 6d
 Village: _____
 City: _____

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

PERSONAL AND STATISTICAL PARTICULARS
 4 COLOR OR RACE: W
 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word): S
 DATE OF BIRTH: _____
 IF LESS than 1 day, hrs. or min.?

MEDICAL CERTIFICATE OF DEATH
 16 DATE OF DEATH: Nov. 26, 1916
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, that I attended deceased from _____ 191____ to _____ 191____
 that I last saw him/her alive on _____ 191____
 and that death occurred, on the (date stated above), at _____ m.
 The CAUSE OF DEATH* was as follows: _____

5 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): _____

Died unattended
 Cause of death unknown
 (Duration) _____ yrs. _____ mos. _____ ds.

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): _____

CONTRIBUTORY (Secondary): _____
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. M. Bruce, M.D.
 11-26-1916 (Address) Marshfield, 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 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) _____
 (Address) _____
 Filed Nov 27, 1916 J. M. Bruce
 Registrar

19 PLACE OF BURIAL OR REMOVAL: _____ DATE OF BURIAL: _____ 191____
 20 UNDERTAKER: _____ ADDRESS: _____

Revised United States Standard Certificate of Death

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

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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 "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.)