

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

PLACE OF DEATH
County Butler
Township Wells
or
Village Wells
or
City Wells (NO. _____) (St. _____) (Ward _____)

Registration District No. 88 File No. 40133
Primary Registration District No. 3730 Registered No. 45

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

FULL NAME Henry Millford Gryder

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) single
DATE OF BIRTH June 18, 1916
(Month) (Day) (Year)
AGE 3 yrs. 28 mos. 28 ds. If LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work child at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____

DATE OF DEATH Oct 16, 1916
(Month) (Day) (Year)
I HEREBY CERTIFY, that I attended deceased from Oct 15, 1916, to Oct 16, 1916, that I last saw him alive on Oct 15, 1916, and that death occurred, on the date stated above, at 11:57 P.M.
The CAUSE OF DEATH* was as follows:
pneumonia
108

BIRTHPLACE (City or town, State or foreign country) Butler Co Mo

(Duration) _____ yrs. _____ mos. 10 ds.

PARENTS
NAME OF FATHER J C Gryder
BIRTHPLACE OF FATHER (City or town, State or foreign country) Wagon Co Mo
MAIDEN NAME OF MOTHER Jules Simpson
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

Contributory _____ (SECONDARY)
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J C White M. D.
Nov 12, 1916 (Address) Fairdealing

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J C Gryder

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 _____

(ADDRESS) Wells Mo
Filed Dec 6, 1916. W.P. Davis
REGISTRAR

PLACE OF BURIAL OR REMOVAL Kenzy Cem. DATE OF BURIAL Oct 17, 1916
UNDERTAKER Reed ADDRESS Wells Mo

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, 8 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 septicæmia," "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 *Butler*
 Township *Neelyville*
 or
 Village
 or
 City

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

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. *88* File No.
 Primary Registration District No. *5130* Registered No. *45*
 (NO. St. Ward)

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

2 FULL NAME *Henry Millford Gydes*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6 DATE OF BIRTH
 / / /
 (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 / / m.

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

The CAUSE OF DEATH* was as follows:

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

Pneumonia Solar

9 BIRTHPLACE
 (City or town,
 State or foreign country)

CONTRIBUTORY
 (Secondary)
 / / (Duration) / yrs. / mos. / ds.

10 NAME OF FATHER

(Signed) *W. W. McConnell* (M. D.)
Oct 20, 191*6* (Address) *Neelyville, Mo*

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)

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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?

(Informant)
 (Address)

Former or usual residence.....

15
 Filed / /, 191 /

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
 / /, 191 /

20 UNDERTAKER ADDRESS

Registrar

Original file, date *DEC 2 1916*, 19 /

All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

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

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