

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

1 PLACE OF DEATH

County *Miller*
Township *Saline*
or
Village
or
City (NO. St. Ward)

Registration District No. *563* File No. *2170*
Primary Registration District No. *5755-B* Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *Andrew Carpenter*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE MARRIED WIDOWED OR DIVORCED <i>married</i> (Write the word)
6 DATE OF BIRTH <i>1834 Oct 11</i> (Month) (Day) (Year)		
7 AGE <i>83 yrs 3 mos 1 ds.</i>		If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <i>Farmer</i> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <i>Konaupia W. Va</i>		
PARENTS	10 NAME OF FATHER <i>Joseph Carpenter</i>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>not known</i>	
	12 MAIDEN NAME OF MOTHER <i>Ann Miller</i>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Green Brier Co W. Va</i>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Lee Carpenter*
(Address) *Eldon Mo*

15 Filed *Jan 13 1917* *J. E. Hite*
Registrar

21 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Jan 11th 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Jan 5th 1917* to *Jan 11th 1917* that I last saw *him* alive on *Jan 10th 1917* and that death occurred, on the date stated above, at *3 P.* m.

The CAUSE OF DEATH* was as follows:
1159 Pneumonia
101
(Duration) yrs. mos. *4* ds.

CONTRIBUTORY (Secondary) *Lagripps*
(Duration) yrs. mos. *10* ds.
(Signed) *G. A. Leslie* M. D.
112 1917 (Address) *Clear 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 *Green Ridge* DATE OF BURIAL *Jan 13 1917*
20 UNDERTAKER *L. F. Flemer* ADDRESS *Clear Mo*

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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), *20 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

County

Miller Saline

Township or Village

Registration District No.

563

File No.

City

Primary Registration District No.

5755B

Registered No.

(NO. St. Ward)

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

FULL NAME

Andrew Carpenter

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 10 11 1834 (Month) (Day) (Year)

7 AGE 83 yrs. 3 mos. 1 da. II LESS than 1 day hrs. or min.?

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

9 BIRTHPLACE (City or town, State or foreign country) Kenosha Wis. Va

PARENTS

10 NAME OF FATHER Joseph Carpenter

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) not known

12 MAIDEN NAME OF MOTHER Annie Miller

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Frankfort Co. W. Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lee Carpenter

(Address) Eldon Mo.

15 Filed Jan. 13 1917 J. E. Hite Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11 7 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 1917 to 1917 that I last saw him alive on 1917 and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:

Pneumonia Lobar (Duration) yrs. mos. 10 da.

CONTRIBUTORY (Secondary) La Grippe (Duration) yrs. mos. 10 da. (Signed) G. E. Hite M. D. 1-12 1917 (Address) Eldon 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 DATE OF BURIAL

20 UNDERTAKER ADDRESS

JAN 1917

Original file, date, 19

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

N. B. Every item of information should be as fully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

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 inter-current) 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 "Asthma," "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.)