

## 1 PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHCounty CooperTownship Clear CreekVillage PleasantCity Pleasant Green (NO. .... St.; ..... Ward)Registration District No. 223File No. 21555Primary Registration District No. 4136Registered No. 7

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

2 FULL NAME James Perry Polley

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) Married6 DATE OF BIRTH Oct 30 1883 (Month) (Day) (Year)7 AGE 23 yrs. 7 mon. 12 ds. If LESS than 1 day, .... hrs. or .... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Blacksmith (b) General nature of industry business, or establishment in which employed (or employer) 769 BIRTHPLACE (City or town, State or foreign country) Cooper County 71510 NAME OF FATHER Oliver A Polley11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Cooper Co12 MAIDEN NAME OF MOTHER Birdella Bruce13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Monticello

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) O A Polley(Address) Woodbridge Mo

15

Filed June 15 1917 J B Parrish Registrar

## 2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 12 1917 (Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from June 5 1917, to June 12 1917, that I last saw him alive on June 12 1917, and that death occurred, on the date stated above, at 3:30 a.m.

The CAUSE OF DEATH\* was as follows:

Due to poison from use of Cigaretts(Duration) .... yrs. 1 mos. 1 ds.

CONTRIBUTORY (Secondary)

(Duration) .... yrs. .... mos. .... ds.

(Signed) J B Parrish M. D.4/12 1917 (Address) Pleasant Green

\*State the Disease Causing Death, or, in death 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 Capps Chapel DATE OF BURIAL June 13 191720 UNDERTAKER Elliott & Chapman ADDRESS 107 Grove

# 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; a void

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.)

County Cooper  
Township  
or  
Village  
or  
City P. GreenRegistration District No. 223 File No. ....  
Primary Registration District No. 4136 Registered No. 7  
(NO. .... St. .... Ward)(If death occurred in a  
hospital or institution,  
give its NAME instead  
of street and number.)

2 FULL NAME

James Perry Polley

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE  
MARRIED  
WIDOWED  
OR DIVORCED  
(Write the word) M6 DATE OF BIRTH ..... 191.....  
(Month) (Day) (Year)7 AGE ..... yrs. .... mos. .... 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)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)14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) .....  
(Address) .....15 Filed July 3, 1917 J. S. Parrish  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 12, 1917  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from  
191..... to ..... 191.....  
that I attended deceased on ..... 191.....  
and that death occurred on the date stated above, at ..... m.The CAUSE OF DEATH\* was as follows:  
Due to poison from  
use of Arsenite.  
Anemia due to use of Arsenite.  
(Duration)..... yrs. .... mos. .... ds.CONTRIBUTORY   
(Secondary) .....  
(Duration)..... yrs. .... mos. .... ds.  
(Signed) J. S. Parrish M. D.  
7127 1917 (Address) Chasant Green\*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  
Capps Chapel DATE OF BURIAL  
June, 191.....20 UNDERTAKER  
Elliott & Chapman ADDRESS  
P.O. Box 100

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21665

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