

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

1 PLACE OF DEATH

County *Butler*
Township *Ashill*
Village
City

Registration District No. *925* File No. *34436*

Primary Registration District No. *5134* Registered No. *20*

(NO. St. Ward)

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

2 FULL NAME *Hayle Stevens*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M* 4 COLOR OR RACE *W* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED *Single*
(Write the word)

6 DATE OF BIRTH *11 3 1917*
(Month) (Day) (Year)

7 AGE *1* yrs. *0* mos. *0* ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *0*
(b) General nature of industry business or establishment in which employed (or employer) *0*

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

PARENTS

10 NAME OF FATHER *Fred Stevens*

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *MO*

12 MAIDEN NAME OF MOTHER *Pearl Davis*

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *MO*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *B W Bennett*
(Address) *Fisk MO*

15 Filed *10/4* 1917 *Vincent G. Gentry* Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *10 6 1917*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *10-1* 1917 to *10-6* 1917 that I last saw her alive on *10-4* 1917 and that death occurred, on the date stated above, at *2 P* m.

The CAUSE OF DEATH* was as follows:
Acute Indigestion
119B
119C (Duration) *3* yrs. *0* mos. *0* ds.

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

(Signed) *V. Breakheart* M. D.
8-10-4 191 (Address) *Fisk 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 *Clearest Hill* DATE OF BURIAL *11/4 1917*

20 UNDERTAKER *W. Manion* ADDRESS *Fisk 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, 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 "*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.)

1 PLACE OF DEATH

County Butler
 or
 Township White
 or
 Village _____
 or
 City _____

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

Registration District No. 925 File No. _____
 Primary Registration District No. 5134 Registered No. 20
 St. _____ Ward _____

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

2 FULL NAME

Nayle Stevens

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) S
 6 DATE OF BIRTH _____ (Month) _____ (Day) 1 _____ (Year)
 7 AGE _____ yrs. _____ mos. _____ da. 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) _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct - 1 1917
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, that I attended deceased from _____ 1917 to _____ 1917
 that I last saw him _____ 1917
 and that death occurred, on the date stated above at _____ m.
 The CAUSE OF DEATH* was as follows:

acute indigestion
Bowels trouble with stool
 (Duration) _____ yrs. _____ mos. 3 da.

CONTRIBUTORY (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ da.
 (Signed) J. L. Breakhouse M. D.
Oct 2, 1917 (Address) Fish's 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 _____ mos. _____ da. In the State _____ yrs. _____ mos. _____ da.
 Where was disease contracted if not at place of death? _____
 Former or usual residence _____

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) B. W. Brewer
 (Address) Fish's Mo

15 Filed Oct 4 1917 Vincent Crest Registrar

19 PLACE OF BURIAL OR REMOVAL Chesnut Hill DATE OF BURIAL Oct 4 1917
 20 UNDERTAKER W. M. Maurer ADDRESS Fish's Mo

Revised United States Standard Certificate of Death

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

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34426
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 "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.)