

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

1 PLACE OF DEATH

County Washington
Township Washington
or Washington
Village Washington
or
City (NO. _____) St. _____ Ward _____

Registration District No. 1004 File No. 38501
Primary Registration District No. 1508 Registered No. 23

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

2 FULL NAME

Charles Augustus Barber

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH May 22 1850
(Month) (Day) (Year)

7 AGE 67 yrs. 5 mos. 5 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer 8³
(b) General nature of industry, business, or establishment in which employed (or employer) 8³

9 BIRTHPLACE (City or town, State or foreign country) New York N.Y.

PARENTS
10 NAME OF FATHER Clara Barber
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) New York
12 MAIDEN NAME OF MOTHER Hinsley
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) New York

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. Barber
(Address) Palston Okla

15 Filed Nov 18 1917 E. A. Greary
Registrar

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 18 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 15 1917 to Nov 16 1917
that I last saw him alive on Nov 16 1917
and that death occurred, on the date stated above, at 3 a.m.

The CAUSE OF DEATH* was as follows:

Parasites
Embolic of Brain
(Duration) yrs. 3 mos. 4 ds.
CONTRIBUTORY (Secondary) Embolic of Brain
(Duration) yrs. 4 mos. 4 ds.
(Signed) Loren Swaney M. D.
Nov 16 1917 (Address) 1004 Washington

*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 Forest Hill DATE OF BURIAL Nov 20 1917

20 UNDERTAKER W. Sprinkle ADDRESS Palston

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 importance of various pursuits can be known. The same applies to each and every person, irrespective of sex or many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Physician*, *Compositor*, *Architect*, *Locomotive boiler engineer*, *Stationary fireman*, etc. But special cases, especially in industrial employments, require the person to know (a) the kind of work and also the name of the business or industry, and therefore a second line is provided for the latter if it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Automobile factory*. If the person worked on may form part of the second line. Never return "Laborer," "Foreman," "Dealer," etc., without more precise description, as *Day laborer*, *Farm laborer*, *Laborer*—etc. Women at home, who are engaged in the household only (not paid Housework—receive a definite salary), may be entered as *Housework*, or *At home*, and children, if employed, as *At school* or *At home*. All persons be taken to report specifically the occupations engaged in domestic service for *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of illness, state occupation at the time CAUSING DEATH, state occupation at the time of illness. If retired from business, that should be indicated thus: *Farmer (retired, 6 yrs.)* who have no occupation whatever,

Statement of cause of death.—Name, first, and time and causation, using always the term for the same disease. Examples: *Fever* (the only definite synonym is *Rebrospinal meningitis*); *Diphtheria* ("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 of organ); "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 "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.)