

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

1 PLACE OF DEATH

County Adair

Township

or

Village

or

City

Brashear

Registration District No. 1

File No.

Primary Registration District No. 4001

Registered No. 3

(NO.

St.

Ward)

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

2 FULL NAME

Glenn M. Miltstead

PERSONAL AND STATISTICAL PARTICULARS

SEX

M.

4 COLOR OR RACE

W.

5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)

Married

DATE OF BIRTH

Oct 31 1899
(Month) (Day) (Year)

AGE

26 yrs. 3 mos. 24 ds.

If LESS than
1 day.....hrs.
or.....min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

Merchant

(b) General nature of industry business, or establishment in which employed (or employer)

Smith

BIRTHPLACE

(City or town, State or foreign country)

Brashear, Mo.

10 NAME OF FATHER

Robt. J. Miltstead

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

Mo.

12 MAIDEN NAME OF MOTHER

Ellen Davidson

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

Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

W. C. Miltstead

(Address)

Brashear, Mo.

15

Filed

Jan 30 1918 A. M. Barnes
Registrar

6 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Jan 28 1918
(Month) (Day) (Year)

17

I HEREBY CERTIFY, that I attended deceased from

Jan 18 1918 to Jan 28 1918

that I last saw him alive on Jan 28 1918

and that death occurred, on the date stated above, at 4 A. m.

The CAUSE OF DEATH* was as follows:

121 B-
156 K. Appendicitis
108

(Duration) yrs. mos. 5 ds.

CONTRIBUTORY
(Secondary)

Muscular Rheumatism

(Duration) yrs. mos. 10 ds.

(Signed)

H. M. Miltstead, M. D.

(Address) Brashear, 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

New Cemetery

DATE OF BURIAL

Jan 30 1918

20 UNDERTAKER

J. R. Carley

ADDRESS

Brashear, 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 fullness of various pursuits can be known. The same applies to each and every person, irrespective of sex.

For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *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 the nature of the business or industry, and therefore an additional line is provided for the latter purpose; it should be used only when needed. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Sales-Grocery*; (a) *Foreman*, (b) *Automobile factory*. If a person worked on may form part of the second line. Never return "Laborer," "Foreman," "Dealer," etc., without more precise information, as *Day laborer*, *Farm laborer*, *Laborer—unemployed*, etc. Women at home, who are engaged in duties of the household only (not paid *Housewife* to receive a definite salary), may be entered as *At home*, *Housewife*, or *At home*, and children, if fully employed, as *At school* or *At home*. If a person should be taken to report specifically the occupation of persons engaged in domestic service for the household, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at the 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, of 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 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.)

MAY 15 1917