LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

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STATISTICS
DEATH

No.

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DATE OF

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WRITE PLAINLY, WITH

N. B.—Every item of information should be carefully supplied.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta

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

1 PLACE OF DEATH

County Monroe

Township Marion
or
Village
or
City (NO. St. Ward)

Registration District No. 579 File No. 2148

Primary Registration District No. 570 Registered No.

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

2 FULL NAME James R. Pallard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE white

5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) M

6 DATE OF BIRTH Nov (Month) 30 (Day) 1880 (Year)

7 AGE 37 yrs. 1 mos. 1 ds.

If 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) Mo

PARENTS

10 NAME OF FATHER J. W. Pallard

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

12 MAIDEN NAME OF MOTHER Geo Ann Lumbford

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Newman Duvall

(Address) Madison Mo

15 Filed 1/1 1918 W. W. Eubank Registrar
F. A. Thompson Deputy

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jany (Month) 1 (Day) 1918 (Year)

17 I HEREBY CERTIFY, that I attended deceased from Dec 23, 1917, to Jany 1, 1918, that I last saw him alive on Dec 31, 1917, and that death occurred, on the date stated above, at 4 a m.

The CAUSE OF DEATH* was as follows:

Acute Labor Pneumonia

168 97

(Duration) ....yrs. ....mos. 8 ds.

CONTRIBUTORY (Secondary)

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

(Signed) L Brainerd M. D.

Jany 4, 1917 (Address) Duncans Bridge

*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 Huse Cemetery

DATE OF BURIAL 1/2 1918

20 UNDERTAKER Fred A. Thompson

ADDRESS Madison Mo

LOCAL REGISTRAR'S RECORD—DO NOT TE

MISSOURI STAT
BUREAU OF
CERTIFIC

1 PLACE OF DEATH

County .....

Township ..... Registration District No. ..... File No

or

Village ..... Primary Registration District No. ..... Registe

or

City ..... (NO. ....., ... St.; ..... W

2 FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH

..... (Month) ..... (Day) ..... 1 ..... (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 ....., 191....., ...
Registrar

MEDICAL CERTIFIC

16 DATE OF DEATH

..... (Month)

17 I HEREBY CERTIFY, ... I

....., 191....., to

that I last saw h..... alive on.....

and that death occurred, on the da

The CAUSE OF DEATH* was as follow

..... (Duration) ..... yrs

CONTRIBUTORY (Secondary) .....

..... (Duration) ..... yrs

(Signed) .....

....., 191..... (Address) .....

*State the Disease Causing Death, or, (1) Means of Injury; and (2) whether Acci

18 LENGTH OF RESIDENCE (For Hospi or Recent Residents)

At place of death ..... yrs. ..... mos. ..... ds. In St

Where was disease contracted if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL

20 UNDERTAKER

AD

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

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...no have...

way 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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form ... "Certificates ... be returned ... of ... following dis... use ... death; Abortio... or-