

1 PLACE OF DEATH

County Perris Co.MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHTownship
or
Village
or
City Carruthersville (NO. St.: Ward)Registration District No. 1851 File No. 6000
Primary Registration District No. 11388 Registered No. 18

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

2 FULL NAME Arthur Watson Eagle

PERSONAL AND STATISTICAL PARTICULARS

3 SEX boy 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) —
6 DATE OF BIRTH Feb 23 1917
(Month) (Day) (Year)
7 AGE 4 yrs. 4 mos. 23 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Ignant
(b) General nature of industry business or establishment in which employed (or employer) " "9 BIRTHPLACE
(City or town, State or foreign country) Cottonwood PointPARENTS
10 NAME OF FATHER Roy Eagle
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Lake county, Tenn.
12 MAIDEN NAME OF MOTHER Mina Walker
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Hazle Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Roy Eagle
(Address) Carruthersville15 Filed 2/23, 1918 W. B. Deason Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 23, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Feb 20, 1918, to Feb 23, 1918, that I last saw him alive on Feb 22, 1918, and that death occurred, on the date stated above, at 4.9 m.

The CAUSE OF DEATH* was as follows:

Ac. Colitis119 B 104
(Duration) yrs. mos. ds.CONTRIBUTORY (Secondary) J. I.
(Duration) yrs. mos. ds.(Signed) J. B. Lewis M. D.
2/23, 1918 (Address) Carruthersville, Tenn.

*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 Lake Co. Tenn. DATE OF BURIAL Feb. 24, 191820 UNDERTAKER J. Lewis ADDRESS Carruthersville

United States Standard Certificate of Death

Issued by U. S. Census and American Public Health Association.

Statement of occupation.—Precise statement of occupation is very important, so that the relative value of various pursuits can be known. The same applies to each and every person, irrespective of sex. For many occupations a single word or phrase on the first line will be sufficient, e. g., *Farmer* or *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in some 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) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. A person who worked on may form part of the second line. Never return "Laborer," "Foreman," "Merchant," "Dealer," etc., without more precise information, as *Day laborer*, *Farm laborer*, *Laborer—textile*, etc. Women at home, who are engaged in domestic duties of the household only (not paid *Housewife*, *Housework*, or *At home*, and children, who are not fully employed, as *At school* or *At home*, should be taken to report specifically the occupation of persons engaged in domestic service for such as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of DISEASE CAUSING DEATH, state occupation at time of illness. If retired from business, that fact should be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, return *None*.

Statement of cause of death.—Name, first and last, of 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 septicæmia," "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.)