

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

PLACE OF DEATH

County Jasper  
Township Barthage  
or  
Village  
or  
City Barthage (NO. Main St.: \_\_\_\_\_ Ward)

Registration District No. 408  
Primary Registration District No. 3020

File No. 13538  
Registered No. 332

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

FULL NAME Alfred G. Saulnier

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white  SINGLE  MARRIED  WIDOWED  DIVORCED (If write the word) Married  
DATE OF BIRTH June 20, 1883  
(Month) (Day) (Year)  
AGE 84 yrs. 9 mos. 10 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) Bay Ridge Co N.Y.

PARENTS  
NAME OF FATHER Sylvester Saulnier  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Mass  
MAIDEN NAME OF MOTHER Suey Rice  
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) M. G. Sampson  
(ADDRESS) Barthage Mo  
Filed April 9, 1918 C. P. Taylor REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH April 9, 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 16, 1918, to April 8, 1918, that I last saw him alive on April 8th, 1918, and that death occurred, on the date stated above, at 2:30 m.

The CAUSE OF DEATH was as follows:  
Anemia result of age

16 1/2 (Duration) several yrs. mos. ds.

Contributory heart failure result of age  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) R. C. Wood M. D.  
4/9, 1918 (Address) Barthage Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

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 Barthage Mo

PLACE OF BURIAL OR REMOVAL Holmes Cemetery DATE OF BURIAL Apr 10, 1918  
UNDERTAKER Knell Wood Co ADDRESS Barthage Mo

## PLACE OF DEATH

County .....

Township .....

or

Village .....

or

City .....

Registration District No. ....

File No. ....

Primary Registration District No. ....

Registered No. ....

(NO. ....)

St. ....

Ward) .....

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

## FULL NAME

## PERSONAL AND STATISTICAL PARTICULARS

SEX

COLOR OR RACE

 SINGLE  
 MARRIED  
 WIDOWED  
 OR DIVORCED  
 (Write the word)

DATE OF BIRTH

AGE

(Month) ....., / (Day) ....., 191 (Year)

 IF LESS THAN  
 1 day, ..... hrs.  
 or ..... min. ?

OCCUPATION

(a) Trade, profession, or business, or establishment in particular kind of work

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

BIRTHPLACE

(City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(ADDRESS) .....

Filed

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REGISTRAR

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

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

....., 191 (Year)  
(Month) ....., (Day) .....

I HEREBY CERTIFY, that I attended deceased from ..... , 191, to ..... , 191, that I last saw h..... alive on....., 191

 and that death occurred, on the date stated above, at ..... m.  
 The CAUSE OF DEATH\* was, as follows:

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

Contributory

(SECONDARY)

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

(Signed)

....., 191. (Address)

M. D.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death, ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.

Where was disease contracted if not at place of death?

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

....., 191.

UNDERTAKER

ADDRESS

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

1 PLACE OF DEATH

County *Jasp. Co.*

Township

Village

City *Carthage*

Registration District No. *408*

File No.

Primary Registration District No. *3020*

Registered No. *332*

(No. *813 Howard*)

St.

Ward

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

2 FULL NAME *Alfred A. Parkin*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *June 30 1883*  
(Month) (Day) (Year)

7 AGE *84 yrs 9 mos 10 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) *Retired SUPPLY*

9 BIRTHPLACE (City or town, State or foreign country) *Cayuga Co., N.Y.*

10 NAME OF FATHER *Sylvester Parkin*

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

12 MAIDEN NAME OF MOTHER *Lucy Rice*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Miss A. A. Parkin*  
(Address) *Carthage Mo.*

15 Filed *4/9* 1918 *C. M. Taylor* Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *April 9 1918*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from *Feb 16* 1918 to *Apr 8* 1918  
that I last saw him alive on *Feb 8* 1918  
and that death occurred, on the date stated above, at *7:30 a.m.*

The CAUSE OF DEATH\* was as follows:  
*anaemia result of age*

CONTRIBUTORY (Secondary) *heart failure result of age*  
(Duration) *2* yrs *2* mos *2* ds.

(Signed) *R. Arnold* M. D.  
*4/9* 1918 (Address) *Carthage 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 *Carthage Mo.*

19 PLACE OF BURIAL OR REMOVAL *Hackney Cemetery* DATE OF BURIAL *April 10 1918*

20 UNDERTAKER *Buell Wnd & Co* ADDRESS *Carthage Mo.*

# Revised United States Standard Certificate of Death

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

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**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, Composer, 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 child-birth 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.)

MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH

PLACE OF DEATH  
County Jasper  
Township  
Village  
City

Registration District No. 408 File No.  
Primary Registration District No. 3020 Registered No. 332  
NO. St. Ward

FULL NAME Alfred A. Saulnier

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 1 (Month) 1 (Day) 1918 (Year)

7 AGE 34 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 July 16 1918 C.B. Taylor Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr 9 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 11:30 AM to 12:30 PM 1918 that I last saw him alive on Apr 9 1918 and that death occurred on the date stated above.

The CAUSE OF DEATH\* was as follows:  
Accidental result of age  
Anemia filiformis  
of senility  
Heart failure result of age

CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds. (Signed) R. Arnold M. D. 7-16 1918 (Address) Carthage, 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 St. Mary's DATE OF BURIAL July 16 1918

20 UNDERTAKER ADDRESS

Statutory Information Supplied  
Statutory Information Supplied  
Statutory Information Supplied  
Statutory Information Supplied

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13538  
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