

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

28439

1 PLACE OF DEATH

County Stone
 Township Panola de Seno Registration District No. 8-421 File No. _____
 or _____ Primary Registration District No. 4107 Registered No. 3
 Village _____
 or _____
 City _____ (NO _____ St. _____ Ward _____)

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

2 FULL NAME William E Sartie

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 Sept. 6 1840
(Month) (Day) (Year)

7 AGE 77 yrs. 11 mos. 2 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) Tenn.

PARENTS

10 NAME OF FATHER Jeromeah H Sartie
11 BIRTHPLACE OF FATHER North Carolina
12 MAIDEN NAME OF MOTHER Nancy Beshears
13 BIRTHPLACE OF MOTHER Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mary A Sartie
 (Address) Malena P.H.

15 Filed Aug 10 1918 Registrar J. J. Wade

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 8 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 10 1917 to Aug 8 1918, that I last saw him alive on Aug 7 1918, and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Gastrointestinal Catarrh
12.03.105
 (Duration) 2 yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. J. Wade M. D.
Aug 8 1918 (Address) Panola de Seno

*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 11 yrs. _____ mos. _____ ds. In the State 75 yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Panola de Seno **DATE OF BURIAL** Aug 9 1918
20 UNDERTAKER Baker & Siskin's **ADDRESS** Hurley 1160

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 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, 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 (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.)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

1 PLACE OF DEATH

County Stone Registration District No. 544 File No. 28539-a
 Township Paradeis or South Primary Registration District No. 6257 Registered No. 3
 Village _____ or _____ City _____ (NO. _____ St.; _____ Ward)

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

2 FULL NAME William E Sartui

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)
6 DATE OF BIRTH <u>Sept. 6, 1840</u> (Month) (Day) (Year)		
7 AGE <u>77 yrs. 11 mos. 2 ds.</u>		If LESS than 1 day, ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Tenn.</u>		
PARENTS	10 NAME OF FATHER <u>Jimmial K Sartui</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ky.</u>	
	12 MAIDEN NAME OF MOTHER <u>Nancy Beshcars</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ky.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mary A Sartui
 (Address) Alma R #2

15 Filed Aug 10, 1918 J. H. Wade
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Aug 8, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Jan 10, 1917 to Aug 8, 1918, that I last saw him alive on Aug 8, 1918 and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:
Acute Intestinal Catarrh
12.0 P. / 105
 (Duration) 2 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary)
 (Duration) ... yrs. ... mos. ... ds.
 (Signed) J. H. Wade M. D.
Aug 8, 1918 (Address) Paradeis

*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 15 yrs. ... mos. ... ds. In the St. State, ... yrs. ... mos. ... ds.
 Where was disease contracted if not at place of death?
 Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Paradeis DATE OF BURIAL Aug 9, 1918

20 UNDERTAKER Baker & Siskins ADDRESS Hurley Mo

Revised United States Standard Certificate of Death

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

28539

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"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; a void 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 "Asthemia," "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.)