

PLACE OF DEATH

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

43754

City Sevier
Ship Marley
Age _____Registration District No. 819 File No. _____
Primary Registration District No. 6068 Registered No. 21

(No. _____) (St. _____ Ward _____)

FULL NAME Vernon Stout

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

Sex Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (If write the word)AGE OF BIRTH Nov - 11 - 1899
(Month) (Day) (Year)19 yrs. - 0 mos. - 0 ds. If LESS than 1 day, ___ hrs. or ___ min.?OCCUPATION Farm hand
General nature of industry, business, or establishment in which employed (or employer) FatherPLACE OF BIRTH _____
(City or town, State or foreign country)NAME OF FATHER J. M. StoutBIRTHPLACE OF FATHER _____
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER _____

PLACE OF BIRTH OF MOTHER _____
(City or town, State or foreign country)

I AM TRUE TO THE BEST OF MY KNOWLEDGE

(ADDRESS) _____
_____, 191____
REGISTRAR _____DATE OF DEATH Nov 11 - 1918
(Month) (Day) (Year)I HEREBY CERTIFY, that I at Sevier received information from Barney Norton, 1918, to _____, 191____, that I last saw him at Sevier, 191____,and that death occurred, on the date stated above, at 8 P. m. The CAUSE OF DEATH* was as follows: driving of automobile by the deceased
2:10 P.M.
(Duration) 11 yrs. 0 mos. 0 ds.Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) Constitution P.M.
Nov 11 - 1918 (Address) Sevier, 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 (IN 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 Barndusen, Mo.PLACE OF BURIAL OR REMOVAL Marley DATE OF BURIAL _____, 191____UNDERTAKER Constitution ADDRESS Marley, Mo.

PLACE OF DEATH

County.....

Township.....

or Village.....

or City.....

(NO.....)

Registration District No.

File No.

Primary Registration District No.

Registered No.

(If dead, give hospital or give its name of street and ward)

St. Ward)

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
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DATE OF BIRTH

(Month) (Day) (Year)

AGE

 yrs. mos. ds.
 IF LESS than
 1 day, ... hrs
 or ... min. ?

OCCUPATION

 (a) Trade, profession, or 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

191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

(Month)

(Day)

I HEREBY CERTIFY, that I attended deceased

, 191....., to

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

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

Contributory

(SECONDARY)

(Duration) yrs. mos.

(Signed)

191.....

(Address)

*State the Disease Causing Death, or in deaths from Venereal (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homi...

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, AND RECENT RESIDENTS)

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

Where was disease contracted if not at place of death?

Former or usual residence.....

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL OR REMOVAL

UNDERTAKER

ADDRESS

1234
2011

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

County OF DEATH Scott
 Town or City Morley
 Village or City (No. 7) Vernon Stout
 Registration District No. 819 File No. 43754
 Primary Registration District No. 6068 Registered No. 21
 Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE W.
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.
 6. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF Single
 7. AGE AT DEATH (MONTH, DAY AND YEAR) Nov-11-1899

YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
<u>19</u>			

 8. OCCUPATION OF DECEASED (a) Trade, profession, or kind of work Farmer
 (b) General nature of industry, or establishment in which employed (or employer) J. M. Stout
 9. PLACE OF BIRTH (CITY OR TOWN, STATE OR COUNTRY) Morley Ky
 10. NAME OF FATHER J. M. Stout
 11. PLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) Blondville Ballard Co Ky
 12. NAME OF MOTHER Idel Woods
 13. PLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) Louisport Ky

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-11-19
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at 2:30 P.M.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accident by careless driving of auto by deceased.
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.
 18. WHERE WAS DISEASE CONTRACTED Instant
 IF NOT AT PLACE OF DEATH, _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) C.M. Supton (Address) _____
 _____, 19____ (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

14. IN _____ J. M. Stout Morley Mo
 15. Nov 12, 1918 Dr. Nellie Tomlinson REGISTRAR
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Morley Mo DATE OF BURIAL Nov-12-1918
 20. UNDERTAKER C.M. Supton ADDRESS Morley Mo

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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*, *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*; *Broncho-pneumonia* ("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," "Anemia" (morely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "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.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death; Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.