

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

3125

1 PLACE OF DEATH
County North
Township Greene
or
Village
or
City

Registration District No. 1057

File No.

Primary Registration District No. 6214

Registered No. 11

(NO. St. Ward)

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

2 FULL NAME Lloyd Harris

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	16 DATE OF DEATH <u>Jan 24</u> , 19 <u>21</u> (Month) (Day) (Year)	
5 SINGLE <u>single</u> MARRIED WIDOWED OR DIVORCED (Write the word)		17 I HEREBY CERTIFY, that I attended deceased from <u>Jan 21</u> , 19 <u>21</u> , to <u>Jan 23</u> , 19 <u>21</u> . that I last saw him alive on <u>Jan 23</u> , 19 <u>21</u> . and that death occurred, on the date stated above, at <u>6 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Lobar Pneumonia.</u> <u>108</u> (Duration) <u>101</u> yrs. <u>1</u> mos. <u>2</u> ds. CONTRIBUTORS (Secondary) <u>8</u> (Duration) <u>8</u> yrs. <u>10</u> mos. <u>2</u> ds. (Signed) <u>L. O. Myr</u> M. D. <u>Jan 24</u> , 19 <u>21</u> (Address) <u>Parrell mo</u>	
6 DATE OF BIRTH <u>July 2</u> , 19 <u>15</u> (Month) (Day) (Year)			
7 AGE <u>5</u> yrs. <u>7</u> mos. <u>5</u> ds. If LESS than 1 day, hrs. or min.?			
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>none</u> (b) General nature of industry, business, or establishment in which employed (or on leave) <u>none</u>			
9 BIRTHPLACE (City or town, State or foreign country) <u>North Canby Mo</u>			
PARENTS	10 NAME OF FATHER <u>Lemuel Harris</u>		
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mo</u>		
	12 MAIDEN NAME OF MOTHER <u>Lida Ross</u>		
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Illinois</u>		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>L. O. Myr</u> (Address) <u>Parrell, Mo.</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death <u>8</u> yrs. <u>10</u> mos. <u>2</u> ds. In the State <u>8</u> yrs. <u>10</u> mos. <u>2</u> ds. Where was disease contracted if not at place of death? Former or usual residence	
15 Filed <u>Jan 24</u> , 19 <u>21</u> <u>T M Cox</u> Registrar		19 PLACE OF BURIAL OR REMOVAL <u>Oxford</u> DATE OF BURIAL <u>Jan 25</u> , 19 <u>21</u> 20 UNDERTAKER <u>Root-Lafavor</u> ADDRESS <u>Parrell</u>	

Revised United States Standard Certificate

of Death

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

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.)

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