

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

5773

1. PLACE OF DEATH

County Lafayette Registration District No. 464 File No. 10
Township Washington Primary Registration District No. 5627 Registered No. 17
City (No. _____) _____ St. _____ Ward _____

2. FULL NAME

Milton E. Barker

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)

Length of 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR)		
7. AGE <u>13</u>	YEARS <u>9</u>	MONTHS <u>11</u>
		DAYS <u>11</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 18 1923

17. I HEREBY CERTIFY, That I attended deceased from Mar. 8, 1923, to Mar. 18, 1923, that I last saw him alive on 3-18, 1923, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Primary pneumonia peritonitis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY nasopharyngitis (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar. 16, 1923

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS: clinical

(Signed) C. H. Allen, M. D.

3-19, 1923 (Address) Odesa, MO

*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.)

9. BIRTHPLACE (CITY OR TOWN) Cantey
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Elmer E. Barker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Odesa
(STATE OR COUNTRY) MO.

12. MAIDEN NAME OF MOTHER Dora Day

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Odesa
(STATE OR COUNTRY) MO.

14. INFORMANT Bob Day
(Address) _____

15. April 10, 1923 R. Schooley
REGISTER

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Granton MO. DATE OF BURIAL Mar 19 1923.

20. UNDERTAKER Ben E. Blivier ADDRESS Odesa MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PH. No. should be stated if available. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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, 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 "Asthma," "Anemia" (merely 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.

STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1 PLACE OF DEATH
 County Wright 464 State MISSOURI Registered No. _____
 Township Washington 5627 or Village _____ 17 or
 City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Milton E. Barker
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH (month, day, and year) Mar 18 1923
 17 I HEREBY CERTIFY, That I attended deceased from Mar 18 1923 to Mar 18 1923

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.
 The CAUSE OF DEATH* was as follows:

6 DATE OF BIRTH (month, day, and year) 8/9 09-7-78
 7 AGE Years _____ Months _____ Days _____ If LESS than 1 day, --- hrs. of --- min.

Appendix perforated
Branchio Pneumonia
 (duration) yrs. mos. ds. 1 17

8 OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work _____
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY) Past operation
 (duration) yrs. mos. ds. 1 17
 Where was disease contracted _____
 if not at place of death? _____

9 BIRTHPLACE (city or town) _____ (State or country) _____

Did an operation precede death? yes Date of Mar 16 1923
 Was there an autopsy? no

10 NAME OF FATHER _____
 11 BIRTHPLACE OF FATHER (city or town) _____ (State or country) _____
 12 MAIDEN NAME OF MOTHER _____
 13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country) _____

What test confirmed diagnosis? Clinical
 (Signed) B. Allen, M. D.
 , 19 (Address) Odesa, Md

14 Informant Robert Day
 (Address) Odesa, Md

19 PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____ 19

15 Filed April 10, 23 K. C. Schwalbe
 11-3184 REGISTERED

20 UNDERTAKER _____ ADDRESS _____

SUPPLEMENTAL

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ADDITIONAL SPACE FOR FURTHER STATEMENTS

BY PHYSICIAN

This patient had influenza 1st week in March apparently recovered and on the 8th of March developed appendicitis—operation was objected to and deferred because of his previous infection of influenza. He perforated and developed peritonitis—a drain age operation was performed. On appendicitis—within 24 hr patient developed pneumonia and died 24 hr later. Both lungs became more or less consolidated & edematous & he practically drowned in his own plasma.

9256