

## 1 PLACE OF DEATH

County KeosauquaTownship Shulters

or

Village

or

City

Registration District No. 1029

File No.

Primary Registration District No. 3102

Registered No.

(NO.

St.

Ward)

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

2 FULL NAME

D. L. Howerton David Long Howerton

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

## 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 Oct 1 1868  
(Month) (Day) (Year)7 AGE 55 yrs. 6 mos. 6 ds. If LESS than 1 day, hrs. or min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Physician  
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (City or town, State or foreign country) Mo.10 NAME OF FATHER Tagge Howerton11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo.12 MAIDEN NAME OF MOTHER Mary Long13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mattie Howerton(Address) Hurdland Mo.15 Filed May 10 1924 D. L. Howerton Registrar

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

11700

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 30 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Feb 1923 to April 30 1924that I last saw him alive on April 16 1924and that death occurred, on the date stated above, at 7 a.m.

The CAUSE OF DEATH\* was as follows:

Apoplexy momentary  
(Duration) yrs. mos. ds.CONTRIBUTORY (Secondary) Dilatation and hypertrophy of heart high blood pressure & edema  
(Duration) hrs. yrs. mos. ds.(Signed) J. D. Burkley M. D.  
May 7 1924 (Address) Laplata 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 2008 Hurdland DATE OF BURIAL May 2 192420 UNDERTAKER H. R. Easley ADDRESS Brashear

Largest statement of OCCUPATION is very important

# 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 worthfulness of various pursuits can be known. The profession 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. Examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*; 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—In 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 *Housewife, Housework*, or *At home*, and children, gainfully employed, as *At school* or *At home*. It should be taken to report specifically the occupations of persons engaged in domestic service for others, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at the beginning of illness. If retired from business, that may be indicated thus: *Farmer (retired; 6 yrs.)*. For persons who have no occupation: whatever be *None*.

**Statement of cause of death.**—Name, first, DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is epidemic cerebrospinal meningitis); *Diphtheria* (old 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 childbirth or miscarriage, as "PUERPERAL *septicæmia*," "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 carbonic 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.)

JAN 28 1958