

APR 1 1926

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH 5255

## 1 PLACE OF DEATH

 County Moore  
 Township Boon  
 or  
 Village  
 or  
 City (NO. St. Ward)
Registration District No. 543 File No.Primary Registration District No. 5734 Registered No. 1

## 2 FULL NAME

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

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

 3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED Married  
 WIDDED  
 OF DIVORCED  
 (Write the word)

 16 DATE OF DEATH Feb 14 1926  
August 20 1894  
 (Month) (Day) (Year)
6 DATE OF BIRTH August 20 1894  
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, that I attended deceased from  
11/17/1926 to Feb 14 1926  
 that I last saw him alive on Feb 14 1926  
 and that death occurred, on the date stated above, at 3:00 a.m.

 7 AGE 31 yrs. 5 mos. 24 ds. If LESS than  
 1 day.....hrs.  
 or.....min.?

The CAUSE OF DEATH\* was as follows:

Appendicitis
 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) Moore County, Missouri

 10 NAME OF FATHER Charles Helton

 11 BIRTHPLACE OF FATHER  
 (City or town, State or foreign country) Mount Vernon

 12 MAIDEN NAME OF MOTHER Leona Finner

 13 BIRTHPLACE OF MOTHER  
 (City or town, State or foreign country) Moore Co Mo

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Harvey Parker(Address) Moore Missouri
 15 Filed Feb 14 1926 g. W. Putman  
per Deputy Registrar

 CONTRIBUTORY  
 (Secondary)

(Duration) yrs. mos. ds.

 (Signed) Dr. Gump M. D.  
2/15 1926 (Address) Deana Mo

 \*State the Disease Causing Death, or, in deaths from Violent Causes, the  
 (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 2 yrs. 5 mos. 24 ds. In the State.....yrs.....mos.....ds.

Where was disease contracted if not at place of death?

Former or usual residence Moore County Mo19 PLACE OF BURIAL OR REMOVAL Stoped Cemetery DATE OF BURIAL 2/15 192620 UNDERTAKER Herb H. Strop ADDRESS Mo

# 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; 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 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.)