

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

Do not use this space.

4500

1. PLACE OF DEATH

County Dade
Township Washington
City Greenfield

Registration District No. 237
Primary Registration District No. 6329

File No.
Registered No. 7
St. Ward)

2. FULL NAME

(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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 12, 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, hrs.	or min.
	5		3		

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

9. BIRTHPLACE (CITY OR TOWN) So. Greenfield
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Matthew Hughes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) So. Greenfield, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Effie Buxton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stone County
(STATE OR COUNTRY)

14. INFORMANT Mrs. Effie Hughes
(Address) So. Greenfield, Mo

15. FILED 3-1-1930 E. B. Ball
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 12th 1930, to Feb 15th 1930, that I last saw him alive on Feb 15, 1930, and that death occurred, on the date stated above, at 4 p.m., Feb. 15, 1930

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS:

(Signed) A. Gourley, M. D.
, 19 (Address) So. Greenfield

*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.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Pemboro - Mo

2-16 1930

20. UNDERTAKER

ADDRESS

J. H. Truqua

So. Greenfield, Mo

United States Standard Certificate of Death

U. S. Census and American Public Health
Association.)

at of Occupation.—Precise statement of
very important, so that the relative
of various pursuits can be known. The
lies to each and every person, irrespec-
For many occupations a single word or
rst line will be sufficient, e. g., *Farmer* or
sician, *Compositor*, *Architect*, *Locomo-*
Civil Engineer, *Stationary Fireman*,
many cases, especially in industrial em-
is necessary to know (a) the kind of
o (b) the nature of the business or in-
herefore an additional line is provided
statement; it should be used only when
examples: (a) *Spinner*, (b) *Cotton mill*,
(b) *Grocery*, (a) *Foreman*, (b) *Auto-*
). The material worked on may form
second statement. Never return
Foreman, "Manager," "Dealer," etc.,
e precise specification, as *Day laborer*,
Laborer—Coal mine, etc. Women at
re engaged in the duties of the house-
not paid *Housekeepers* who receive a
ry), may be entered as *Housewife*,
r *At home*, and children, not gainfully
s *At school* or *At home*. Care should
report specifically the occupations of
ged in domestic service for wages, as
k, *Housemaid*, etc. If the occupation
anged or given up on account of the
SING DEATH, state occupation at be-
Illness. If retired from business, that
e indicated thus: *Farmer (retired)*, 6
persons who have no occupation what-
Voile.

ent of Cause of Death.—Name, first, the
SING DEATH (the primary affection with
time and causation), using always the
ed term for the same disease. Examples:
d fever (the only definite synonym is
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 ori-
gin; "Cancer" is less definite; avoid use of "Tumor"
for malignant neoplasm); *Measles, Whooping cough,*
Chronic valvular heart disease; Chronic interstitial
nephritis, etc. The contributory (secondary or in-
tercurrent) affection need not be stated unless im-
portant. Example: *Measles* (disease causing death),
29 ds.; *Broncho-pneumonia* (secondary), 10 ds. Never
report mere symptoms or terminal conditions, such
as "Asthenia," "Anemia" (merely symptomatic),
"Atrophy," "Collapse," "Coma," "Convulsions,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Hemorrhage," "In-
anition," "Marasmus," "Old age," "Shock," "Ure-
mia," "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 de-
termine definitely. Examples: *Accidental drown-*
ing; struck by railway train—accident; Revolver wound
of head—homicide; Poisoned by carbolic acid—prob-
ably 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 unde-
sirable 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, hemor-
rhage, 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.