

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Shelby
 Township Clay
 City Shelby (No. 6089)

Registration District No. 827
 Primary Registration District No. 4500

35099

File No. 17
 Registered No. 17
 St. Shelby Ward 1

2. FULL NAME

(a) Residence. No. John Marvin Barr St. Shelby Ward 1
 (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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
52 10 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Shelby Co. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER John W. Barr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shelby Co. Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary J. Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shelby Co. Mo.
 (STATE OR COUNTRY)

14. INFORMANT Anna B. Barr
 (Address) Clarence, Mo.

15. FILED 10/31/30 Roy Hamilton
 REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct-30-1930

17. I HEREBY CERTIFY, That I attended deceased from 9-28-29, 1930, to 10-29-30, 1930, that I last saw him alive on 10-29-30, 1930, and that death occurred, on the date stated above, at 6.00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS

Nephritis Chronic

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF na

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. M. Wood, M. D.

10/31/30 (Address) Shelbina 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.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bacon Chapel Nov-1-1930
 20. UNDERTAKER J. W. Thompson Son Shelbyville Mo.
 ADDRESS Shelbyville 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, Mine laborer*, etc. Women at home, who are not engaged in the duties of the household only (not paid and who receive a definite salary), may be reported as *Housewife, Housework or At home*, and if gainfully employed, as *At school or At work*. If the occupation has been changed or given up on the day preceding death, state occupation at the time of the disease causing death, state occupation at the beginning of illness. If retired from business, it may be indicated thus: *Farmer (retired)*.

For persons who have no occupation return *None*.

Statement of Cause of Death.—Name, first, last, and middle, of the person causing death (the primary affection to time and causation), using always the same term for the same disease. Examples: *Fever* (the only definite synonym is *Cerebrospinal meningitis*); *Diphtheria* ("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 neoplasma); *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," "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: "Certificate 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.