

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

PLACE OF DEATH

County Henry Mo
Township Springfield
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 356 File No. 16922
Primary Registration District No. 5300 Registered No. 5

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

FULL NAME Samuel Bell

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED Married
WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH July 29, 1824
(Month) (Day) (Year)

AGE 86 yrs, 9 mos, 24 ds. If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) Farming

BIRTHPLACE (City or town, State or foreign country) Virginia

NAME OF FATHER Samuel Bell

BIRTHPLACE OF FATHER (City or town, State or foreign country) Virginia

MAIDEN NAME OF MOTHER Dorthea Raidon

BIRTHPLACE OF MOTHER (City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mary Jane Bell

(ADDRESS) Calhoun Mo

Filed 5-7-1912 J. P. Allen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 31, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 97A, 1912, to _____, 1912, that I last saw he alive on _____, 1912, and that death occurred, on the date stated above, at 4:30 a.m. The CAUSE OF DEATH* was as follows:

Heart very suddenly did not speak. Chronic Valvular Heart disease. Died suddenly without treatment.

Contributory (SECONDARY) _____ (Duration) yrs. mos. ds.

(Signed) J. P. Allen M. D. 5-67-1912 (Address) Louis Sta Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death — yrs. 4 mos. 2 ds. In the State 42 yrs. 2 mos. 2 ds.

Where was disease contracted if not at place of death? not known

Former or usual residence Henry Co Mo

PLACE OF BURIAL OR REMOVAL Calhoun Mo DATE OF BURIAL May 6, 1912

UNDERTAKER J. L. Redburn ADDRESS Calhoun 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*, *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*, *Sar-*

coma, 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.)



V. B. NO. 1-11-1912 PLAINLY, MARC... DING INK—THIS IS A PERM... AT RECORD

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PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

County Henry Registration District No. 35-6 File No. _____
 Township Springfield or _____ Primary Registration District No. 55-00 Registered No. 5
 Village _____ or _____ City _____ (NO. _____ St.; _____ Ward)

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

FULL NAME Samuel Bell

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>m</u>	COLOR OR RACE <u>w</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>m</u>	DATE OF DEATH <u>May 5</u> , 19 <u>12</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>July 29</u> , 18 <u>26</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from _____, 19 <u>1</u> , to _____, 19 <u>1</u> , that I last saw h_____ alive on _____, 19 <u>1</u> ,	
AGE <u>85</u> yrs. <u>9</u> mos. <u>6</u> ds.			and that death occurred, on the date stated above, at <u>4³⁰ a</u> m.	
OCCUPATION (a) Trade, profession, or particular kind of work <u>farmer.</u>			The CAUSE OF DEATH* was as follows: <u>Valvular heart disease</u>	
(b) General nature of industry, business, or establishment in which employed (or employer) <u>"</u>			<u>Died suddenly without treatment.</u>	
BIRTHPLACE (City or town, State or foreign country) <u>Va</u>			Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.	
PARENTS	NAME OF FATHER <u>Samuel Bell</u>		(Signed) <u>J. T. Allen</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Do not know</u>		<u>5-7-</u> , 19 <u>12</u> (Address) <u>Lewis St. No</u>	
	MAIDEN NAME OF MOTHER <u>Rutha Raidor</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Do not know</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			Where was disease contracted If not at place of death? _____	
(Informant) <u>Mary Jane Bell</u>			Former or usual residence _____	
(ADDRESS) <u>Calhoun Mo</u>			PLACE OF BURIAL OR REMOVAL <u>Combs Cem. near Calhoun Mo</u>	DATE OF BURIAL <u>May 6</u> , 19 <u>12</u>
File No. <u>5-7-</u> , 19 <u>12</u>	REGISTRAR <u>J. T. Allen</u>		UNDERTAKER <u>H. L. Redford</u>	ADDRESS <u>Calhoun Mo</u>

SUPPLEMENTARY

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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