

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF DEATH			MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		
County	<u>Hannay</u>		Registration District No.	<u>356</u>	
Township	or		File No.	<u>8961</u>	
Village	or		Primary Registration District No.	<u>3018</u>	
City	<u>Clinton Mo</u>		Registered No.	<u>25</u>	
NO <u>520</u> <u>South Main</u> St., <u>3</u> Ward			(If death occurred in a hospital or institution, give its NAME instead of street and number)		
FULL NAME <u>Quitman Boyles</u>					
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word)	DATE OF DEATH		
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Mar 3</u> , 191 <u>3</u>		
DATE OF BIRTH			I HEREBY CERTIFY, that I attended deceased from		
<u>Mar 25</u> , 18 <u>79</u>			<u>Mar 3</u> , 191 <u>3</u> , to <u>Mar 3</u> , 191 <u>3</u> ,		
(Month) (Day) (Year)			that I last saw him alive on <u>Feb 26</u> , 191 <u>3</u> ,		
AGE	If LESS than 1 day, ___ hrs. or ___ min.?		and that death occurred, on the date stated above, at <u>4 a</u> m.		
<u>34</u> yrs. <u>22</u> mos. <u>22</u> ds.			The CAUSE OF DEATH* was as follows:		
OCCUPATION	(a) Trade, profession, or particular kind of work		<u>Cerebral Hemorrhage</u>		
	<u>Counter Work</u>		<u>82.A</u>		
	(b) General nature of industry, business, or establishment in which employed (or employer)		(Duration) ___ yrs. <u>2</u> mos. ___ ds.		
	<u>Proprietor of lunch counter</u>		Contributory		
BIRTHPLACE (City or town, State or foreign country)	<u>Hannay Co MO</u>		(Secondary) (Duration) ___ yrs. ___ mos. ___ ds.		
PARENTS	NAME OF FATHER		(Signed) <u>Daniel J. Pagan</u> M. D.		
	<u>Peter Boyles</u>		<u>3/3</u> , 191 <u>3</u> (Address) <u>Clinton Mo</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country)		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) manner of death; and (2) whether Accidental, Suicidal, or Homicidal.		
	<u>Ill</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)		
MAIDEN NAME OF MOTHER		At place of death ___ yrs. ___ mos. ___ ds.		In the State ___ yrs. ___ mos. ___ ds.	
<u>Miss Rebecca Hardin</u>		Where was disease contracted If not at place of death?		Former or usual residence	
BIRTHPLACE OF MOTHER (City or town, State or foreign country)		PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL	
<u>Hannay Co MO</u>		<u>Clinton Mo</u>		<u>Mar 4</u> , 191 <u>3</u>	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			UNDERTAKER		ADDRESS
(Informant) <u>Joe Suddeth</u>			<u>W. A. Vines</u>		<u>Clinton Mo</u>
(ADDRESS) <u>Clinton Mo</u>			REGISTRAR		
Filed <u>Mar 3</u> , 191 <u>3</u> <u>Wm. M. Shandland</u>					

# 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.)



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Township \_\_\_\_\_ Registration District No. 350 File No. \_\_\_\_\_  
or  
Village \_\_\_\_\_ Primary Registration District No. 3018 Registered No. 25  
or  
City Clinton Mo (NO. South Center St. 80 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Levinman Boyles

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	COLOR OR RACE <u>W</u>	SINGLE MARRIED WIDOWED OR DIVORCED <i>(Write the word)</i>
DATE OF BIRTH <u>Mar. 25</u> , 187 <u>9</u> (Month) (Day) (Year)		
AGE <u>34</u> yrs. <u>22</u> mos. <u>22</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>counter man</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Proprietor</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Henry Mo</u>		
PARENTS	NAME OF FATHER <u>Peter Boyles</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill</u>	
	MAIDEN NAME OF MOTHER <u>Rosa Hardwick</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Henry G.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3/3, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from 3/3, 1913, to 3/3, 1913, that I last saw him alive on 4/26, 1913, and that death occurred, on the date stated above, at 4a m.

The CAUSE OF DEATH\* was as follows:  
Cerebral Hemorrhage  
shock Dead when I saw him. Blood came out of nose. Do not hear 2 hrs.  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory apoplexy of cerebral hemispheres  
(SECONDARY) gradually autopsy  
(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Samuel A. Prosser M. D.  
3/3, 1913 (Address) Clinton

\*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. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?  
Former or usual residence.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Joe Suddetta  
(ADDRESS) Clinton Mo

Filed 3/3 1913 JMS REGISTRAR

PLACE OF BURIAL OR REMOVAL  
Clinton Mo

DATE OF BURIAL  
3/4, 1913

UNDERTAKER  
W. Sims

ADDRESS  
Clinton

# 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*, *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.)

1916  
J. G. P.