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

PLACE OF DEATH

...ty Reynolds

...ship Lesterville

...ge

...(NO. 5984 St.; ...Ward)

Registration District No. 749 File No. 14213

Primary Registration District No. 4457 Registered No. 11

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

FULL NAME Joseph Brawley

PERSONAL AND STATISTICAL PARTICULARS

...ale | COLOR OR RACE: White | SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

...E OF BIRTH: Aug (Month) 20 (Day) 1839 (Year)

73 yrs. 7 mos. 29 ds. | If LESS than 1 day, ___ hrs. or ___ min.?

...PATION (Trade, profession, or particular kind of work): Farmer & Oil

...eneral nature of industry, ...ess, or establishment in ... employed (or employer): General Farming

...HPLACE (City or town, ... or foreign country): Ray Co. Mo.

NAME OF FATHER: Jno. Brawley

BIRTHPLACE OF FATHER (City or town, State or foreign country): South Carolina

MAIDEN NAME OF MOTHER: Easter Dickie

BIRTHPLACE OF MOTHER (City or town, State or foreign country): S. Carolina

...ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

...nformant) Jno. Brawley

(ADDRESS) Lesterville

...illed Apr 20 1913.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: April (Month) 18 (Day), 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from April 17, 1913, to April 18, 1913, that I last saw h... alive on April 17, 1913, and that death occurred, on the date stated above, at 4:10 p.m.

The CAUSE OF DEATH* was as follows:

Chronic Interstitial nephritis

131

(Duration) 3 yrs. ___ mos. ___ ds.

Contributory (SECONDARY) ___

(Duration) ___ yrs. ___ mos. ___ ds.

(Signed) C. M. Fitzpatrick M. D.

April 20 1913 (Address) Lesterville, 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 17 yrs. ___ mos. ___ ds. In the State 73 yrs. 7 mos. 29 ds.

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

Former or usual residence Near Redford, Mo

PLACE OF BURIAL OR REMOVAL: Redford, mo

DATE OF BURIAL: April 19 1913

UNDERTAKER: none

ADDRESS: ___

PLACE OF DEATH

County

Township
or
Village
or
City (NO. St.; Ward)

MISSOURI STATE BOAR
BUREAU OF VITAL S
CERTIFICATE OF DI

Registration District No. File No.

Primary Registration District No. Registered No.

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word)

DATE OF BIRTH

(Month) (Day) (Year)

AGE

yrs. mos. ds.

If LESS than 1 day, hrs. or min.?

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

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

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

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

MAIDEN NAME OF MOTHER

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed , 191 ,
REGISTRAR

MEDICAL CERTIFICATE OF DI

DATE OF DEATH

(Month)

I HEREBY CERTIFY, that I att

, 191 , to

that I last saw h alive on

and that death occurred, on the date state

The CAUSE OF DEATH* was as follows:

(Duration) yrs.

Contributory
(SECONDARY)

(Duration) yrs.

(Signed)

, 191 (Address)

*State the Disease Causing Death, or, in deaths f (1) Means of Injury; and (2) whether Accidental, Suicidal,

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITU RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yr

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL | DA

UNDERTAKER | ADD

pation whatever, while living.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with re spect to time and causation), using always the same accepted term for the same disease. Examples: *Cere brospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneu monia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneu

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF DEATH

County Reynolds

Township Lesterville

or

Village

or

City (NO. St. Ward)

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

CERTIFICATE OF DEATH

Registration District No. 749 File No. 1

Primary Registration District No. 5984 Registered No. 11

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

FULL NAME Joseph Brawley

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)
M	W	M.

DATE OF BIRTH: Aug. (Month) 20 (Day) 1839 (Year)

AGE: 73 yrs. 7 mos. 29 ds. If LESS than 1 day, hrs. or min.

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

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

BIRTHPLACE (City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER (City or town, State or foreign country) Satisfactory Information Supplied

MAIDEN NAME OF MOTHER

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

SUPPLEMENTARY

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS) Satisfactory Information Supplied

Filed April 20 1913. E. M. Strickland REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Apr. (Month) 18 (Day) 1913 (Year)

I HEREBY CERTIFY, that I attended deceased from , 191 , to , 191 , that I last saw h alive on , 191 , and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Satisfactory Information Supplied

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) M. D.

, 191 (Address)

*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 Satisfactory Information Supplied

PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL , 191

UNDERTAKER | ADDRESS Satisfactory Information Supplied

Original file, date APR 1913. 19 All information called for must be written on this Supplementary Certificate.

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 *septichaemia*," "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.)

14213