

N. R.—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.

FEB 25 1927

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

Do not use this space.

37903 a

**1. PLACE OF DEATH**

County Henry Co  
 Township Burgess  
 City Blairtown (No. ....)

Registration District No. 9-5-5  
 Primary Registration District No. 5508  
5485

File No. ....  
 Registered No. 1  
 Sl. .... Ward

**2. FULL NAME**

Zachariah Taylor Orr

(a) Residence. No. Blairtown Mes. .... Ward. ....

Length of residence in city or town where death occurred 4 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Orr

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 15, 1848

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
<u>78</u>	<u>3</u>	<u>16</u>	

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**10. NAME OF FATHER**

Alexander Orr

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**14.**

INFORMANT Mrs W. R. Phelps  
(Address) Blairtown Mo

**15.**

FILED 118 27 J. H. Secater  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1926

17. I HEREBY CERTIFY That I attended deceased from July 24, 1926 to Dec 28, 1926 that I last saw him alive on Dec 29, 1926, and that death occurred, on the date stated above, at 2-30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Prostatic trouble and Cancerous condition of sigmoid

CONTRIBUTORY (SECONDARY)

Diabetes (duration) 1 yrs. .... mos. .... ds.  
8 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none  
(Signed) J. H. Secater, M. D.

8/2, 1927 (address) Clinton 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 Shawnee Mound DATE OF BURIAL Jan 2 1926

20. UNDERTAKER Sweeney-Cook ADDRESS Chilhowee

# 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, 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, Sarcoma*, etc., of \_\_\_\_\_ (name origin; "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 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 septi emia," "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: "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, 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.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Henry  
Township Bogard  
City (No. ....) (St. ....) (Ward) .....

Registration District No. 347  
Primary Registration District No. 5485

File No. ....  
Registered No. X 27

**2. FULL NAME**

Nachariah Paylor Orr  
(a) Residence. No. Blainstown, Mo. Ward. ....  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 4 yrs. .... mos. .... ds. How long in U.S., if of foreign birth? .... yrs. .... mos. .... ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
78 | 3 | 16

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY) .....

10. NAME OF FATHER Alexander Orr

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. J. R. Phipps  
(Address) Blainstown, Mo.

15. FILED 3/19, 1927 Dr. E. C. Peelor  
by J. H. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31, 1926

I HEREBY CERTIFY, That I attended deceased from July 24, 1926 to Dec 28, 1926 that I last saw him alive on Dec 23, 1926, and that death occurred on the date stated above at 2:30 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Protracted trouble and  
comatose condition of  
diabetes

CONTRIBUTORY (SECONDARY) diabetic  
(duration) 2 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none  
(Signed) J. K. Peety, M. D.  
18 (Address) Clinton, 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 Lawnee Mound DATE OF BURIAL Jan 2, 1927

20. UNDERTAKER Sweeney Cook ADDRESS Chilhowee

1. AGE should be stated in years, months, and days. If less than 1 year, state in weeks, days, and hours. If less than 24 hours, state in hours, minutes, and seconds. Exact age should be given. If age is not known, state "age not known".  
 2. OCCUPATION is very important.  
 3. DEATH in plain terms, so that it may be clearly understood.  
 4. REGISTRARS SHALL NOT RECEIVE A FEE FOR CE...  
 5. DATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW...  
 6. PHYSICIANS should state...  
 7. REGISTRARS SHALL NOT RECEIVE A FEE FOR CE...

**DECEASED**  
**REGISTERED**

S-37903<sup>a</sup>