

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

PLACE OF DEATH
County Carroll

Township _____
or
Village Carrollton
or
City Carrollton (NO. _____)

Registration District No. 133
Primary Registration District No. 3010

File No. 30001
Registered No. 113

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

FULL NAME Charles A. Gtey

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH July 28, 1882
(Month) (Day) (Year)

AGE 28 yrs. 2 mos. 2 ds. If LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) With construction gang

BIRTHPLACE
(City or town, State or foreign country) Dont know

NAME OF FATHER Dont know

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

MAIDEN NAME OF MOTHER Dont know

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Willis
(ADDRESS) Carrollton Mo

Filed Oct. 30 1910 A. E. Austin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept 30, 1910
(Month) (Day) (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:
Was struck by railroad train

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

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

(Signed) Sept 30 1910 (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) 3+3

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 Ashton Michigan

PLACES OF BURIAL OR REMOVAL Kirksville Mo DATE OF BURIAL _____ 191____

UNDERTAKER J. Willis ADDRESS Carrollton

Revised United States Standard Certificate of Death

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

Occupation.—Precise statement of occupation, so that the relative health and pursuits can be known. The question and every person, irrespective of occupations a single word or term on the certificate sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Architect*, *Locomotive engineer*, *Stationary fireman*, etc. But in many of the industrial employments, it is necessary to state the kind of work and also (b) the business or industry, and therefore an example is provided for the latter statement; it is to be used only when needed. As examples: (a) *Mill*; (a) *Salesman*, (b) *Grocery*; (a) *Automobile factory*. The material form part of the second statement. Laborer, "Foreman," "Manager," "Teamster," "Carpenter," "Blacksmith," "Machinist," "Printer," "Tailor," "Shoemaker," "Cannery worker," "Cotton gin operator," "Sawmill operator," "Lumberjack," "Coal miner," etc. who are engaged in the duties of the occupation. *Housekeepers* who receive a salary should be entered as *Housewife*, *Housemaid*, and children, not gainfully employed, should be entered as *Child*. Care should be taken to determine the occupation of persons engaged in the occupation, or wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up, the date should be stated. The cause of death, state of illness. If retired from business, the cause of death should be indicated thus: *Farmer* (retired), *Merchant*, etc. when a person who has no occupation is stated. Cause of death.—Name, first, the cause of death (the primary affection with remote causation), using always the same name for the same disease. Examples: *Cerebral meningitis*, such as "Epidemic cerebrospinal meningitis"; *Diphtheria* (avoid use of "Typhoid fever" (never report "Typhoid fever pneumonia"; *Bronchopneumonia* (secondary) (qualified, is indefinite); *Tuberculosis 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.)

HUGH STEPHENS, JEFFERSON CITY.



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

PLACE OF DEATH

County Carroll

Supplementary
data

Township _____

Registration District No. 135

File No. _____

Village _____

Primary Registration District No. 3010

Registered No. 113

City Carrollton

(NO. _____ St.; _____ Ward)

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

FULL NAME

Charles A. Cotey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX _____ COLOR OR RACE _____ SINGLE MARRIED WIDOWED OR DIVORCED (If rit's the word)

DATE OF DEATH _____, 191____
(Month) (Day) (Year)

DATE OF BIRTH Aug 28, 1882
(Month) (Day) (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:

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) Cadillae Michi

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

NAME OF FATHER Charlie P. Cotey

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

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

(Signed) _____ M. D.

MAIDEN NAME OF MOTHER Nettie Turner

_____, 191____ (Address) _____

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

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) Nettie Cotey
236-8 Ave - Grand Rapids Mich
(ADDRESS)

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 _____

Filed _____ 191____ A. E. Austin

PLACE OF BURIAL OR REMOVAL Grand Rapids Mich DATE OF BURIAL _____ 1910

UNDERTAKER _____ ADDRESS _____

REGISTRAR

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.

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*, *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 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.)

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