

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

PLACE OF DEATH

County Johnson
Township Simpson
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 438 File No. 38534
Primary Registration District No. _____ Registered No. 434

FULL NAME

Alva Earl Maslin

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED widowed
WIDOWED OR DIVORCED (Write the word)

DATE OF DEATH Oct 11 1910
(Month) (Day) (Year)

DATE OF BIRTH Aug 15 1883
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr 20, 1910, to Sept 15, 1910, that I last saw her alive on Aug 28, 1910,

AGE 27 1 26 If LESS than 1 day, ___ hrs. or ___ min.?
yrs. mos. ds.

and that death occurred, on the date stated above, at ___ m.

OCCUPATION (a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
23A

BIRTHPLACE (City or town, State or foreign country) Simpson Co Ky.

(Duration) ___ yrs. 6 mos. ___ ds.

PARENTS
NAME OF FATHER A. J. Bayant
BIRTHPLACE OF FATHER (City or town, State or foreign country) Simpson Co Ky.
MAIDEN NAME OF MOTHER Margie Jane Cook (Bayant)
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Simpson Co Ky.

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

(Signed) R. E. Shively M. D.
Oct 12 1910 (Address) Springfield Mo.

*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) Mrs M. J. Bayant
(ADDRESS) Warrensburg Mo

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 Dec 10 1910 REGISTRAR

PLACE OF BURIAL OR REMOVAL Oak Grove Cemetery DATE OF BURIAL Oct 12 1910

UNDERTAKER Brown & McMeekin ADDRESS Warrensburg Mo

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 healthiness of various pursuits can be known. The question applies to each and every person, irrespective of For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Miner*, *Merchant*, *Seaman*, *Compositor*, *Architect*, *Locomotive engineer*, *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 name of the business or industry, and therefore an additional line is provided for the latter statement; it may be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Fireman*, (b) *Automobile factory*. The material on the first line may form part of the second statement. For those who return "Laborer," "Foreman," "Manager," "Clerk," etc., without more precise specification, as *Coal miner*, *Farmer*, *Farm laborer*, *Laborer*—*Coal mine*, etc. For those 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*, *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.)



PLACE OF DEATH

County Johnson
 Township Simpson
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 REGISTRARS SHALL NOT RE-
 CEIVE A FEE FOR CERTIFICATES
 UNTIL THEY ARE COMPLETED AS
 PRESCRIBED BY LAW.

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

Registration District No. 438 File No. 38534
 Primary Registration District No. 5595+ Registered No. 4248

FULL NAME Alva Earl Masler

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED <u>married</u> WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>Aug 15</u> , 188 <u>8</u> (Month) (Day) (Year)		
AGE <u>27</u> yrs. <u>1</u> mos. <u>26</u> ds.		If LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer)		

DATE OF DEATH Oct 11, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from
April 20, 1910, to Sept 15, 1910,
 that I last saw her alive on Aug 28, 1910,
 and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
 (Duration) _____ yrs. 6 mos. _____ ds.

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

(Signed) P. Schooley M. D.
Oct 11, 1910. (Address) Fayetteville 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. _____ mos. _____ ds. In the
 State _____ yrs. _____ mos. _____ ds.

Where was disease contracted
 If not at place of death?

Former or
 usual residence _____

PLACE OF BURIAL OR REMOVAL Oak Grove Cemetery DATE OF BURIAL Oct 11, 1910

UNDERTAKER Ernest A. McMeekin ADDRESS Haverburg, Mo

BIRTHPLACE
 (City or town,
 State or foreign country) Simpson Co. Ky

PARENTS	NAME OF FATHER <u>A. J. Bayant</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Simpson Co. Ky</u>
	MAIDEN NAME OF MOTHER <u>Maellie Bayant (Bayant)</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Simpson Co. Ky</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs M. J. Bayant
 (ADDRESS) Haverburg, Mo.

Filled Feb 9, 1911 by H. A. Saeltz REGISTRAR
original file date

All information called for must be written on this Supplementary Certificate.

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

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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.)