

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 2729

PLACE OF DEATH

County Clark
Township Jasper
or
Village
or
City _____ (NO. _____ St.: _____ Ward)

105
Registration District No. 910 File No. Jan 6-1911
Primary Registration District No. 5859 Registered No. 1

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

FULL NAME Asa Bennett Clashy

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

DATE OF DEATH January 4, 1911
(Month) (Day) (Year)

DATE OF BIRTH August 8th, 1883
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from October 1st, 1900, to January, 1911, that I last saw him alive on January 3, 1911, and that death occurred, on the date stated above, at 10a m.

AGE 27 yrs. 4 mos. 26 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Cronic Colic 18 yrs
Cataract of Stomach
and Gall Stone 6 yrs
Premature (Duration) 18 yrs. ___ mos. ___ ds.

OCCUPATION (a) Trade, profession, or particular kind of work Farmer 126
(b) General nature of industry, business, or establishment in which employed (or employer) 1-57 118

Contributory 6 year (SECONDARY) (Duration) 18 yrs. ___ mos. ___ ds.

BIRTHPLACE (City or town, State or foreign country) Poniet Mo

PARENTS
NAME OF FATHER William Clashy
BIRTHPLACE OF FATHER (City or town, State or foreign country) Pulaski Co. Mo.
MAIDEN NAME OF MOTHER Larisa Sewel
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dalson Co. Ill

(Signed) P. J. McCallough M. D.
1911 (Address) Isabella Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) P. H. Marlin
(ADDRESS) Poniet 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 born and raised in settlement in the State ___ yrs. ___ mos. ___ ds.
Where was disease contracted if not at place of death? Poniet
Former or usual residence Isabella Mo.

Filed Jan 7, 1911 Mary Johnson REGISTRAR

PLACE OF BURIAL OR REMOVAL Isabella cemetery DATE OF BURIAL Jan 6, 1911
UNDERTAKER Poniet ADDRESS

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*, *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 septichaemia," "PUERPERAL peritonitis," etc. State cause for which surgi al 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.)



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

PLACE OF DEATH

County Ozark
 Township Jasper
 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 2729
 File No. January 6, 1911
 Registered No. 1-7

Registration District No. 920
 Primary Registration District No. 5859

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

FULL NAME Asa Bennett Clabby

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED OR DIVORCED married
 (Write the word)
 DATE OF BIRTH August 8th, 1883
 (Month) (Day) (Year)
 AGE 27 yrs. 4 mos. 26 ds. If LESS than 1 day, _____ hrs. or _____ min.?
 OCCUPATION Farmer
 (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) Pontiac, Mo.

PARENTS
 NAME OF FATHER William Clabby
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Pulaski Co. Mo.
 MAIDEN NAME OF MOTHER Louisa Sewel
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Dalton Co., Ill.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) P. H. Martin
 (ADDRESS) Pontiac, Mo.

Filed Jan 17, 1911 Mary F. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH January 4, 1911
 (Month) (Day) (Year)
 I HEREBY CERTIFY that I attended deceased from October 18th, 1911, to January 4, 1911, that I last saw deceased on January 2, 1911, and that death occurred, on the date stated above, at 10 a. m.
 The CAUSE OF DEATH* was as follows:

Chronic colic, 19 yrs.
Catarrh of stomach
and Gall Stone 6 yrs.
Renal disease (Duration) 19 yrs. mos. ds.
 Contributory 6 years
 (SECONDARY) (Duration) 19 yrs. mos. ds.
 (Signed) G. J. McCullough M. D.
 1911. (Address) Osabella, 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 Born and raised in settlement of death 19 yrs. 4 mos. 26 ds. State Mo. yrs. 4 mos. 26 ds.
 Where was disease contracted if not at place of death?
 Former or usual residence near Pontiac, Mo.

PLACE OF BURIAL OR REMOVAL Osabella Cemetery DATE OF BURIAL Jan. 5th, 1911
 UNDERTAKER William Clabby ADDRESS Pontiac, Mo.

JAN

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]

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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.)