

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

PLACE OF DEATH

County Macon

Township \_\_\_\_\_

Registration District No. 527

File No. 18319

Village \_\_\_\_\_

Primary Registration District No. 4313

Registered No. 22

City Bevier

(NO. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

FULL NAME Daniel Browett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

DATE OF DEATH May 15, 1911  
(Month) (Day) (Year)

DATE OF BIRTH Oct. 8, 1855  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 1, 1911, to May 15, 1911, that I last saw him alive on May 15, 1911, and that death occurred, on the date stated above, at 4:00 P.M.

AGE 55 yrs. 7 mos. 7 ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

The CAUSE OF DEATH<sup>y</sup> was as follows:  
Tuberculosis of the lungs  
23A

OCCUPATION (a) Trade, profession, or particular kind of work Coal miner  
(b) General nature of industry, business, or establishment in which employed (or employer) Coal mining

BIRTHPLACE (City or town, State or foreign country) Worthington, Yorkshire, England

NAME OF FATHER Daniel Browett

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

MAIDEN NAME OF MOTHER Mary J. 28

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

File May 16, 1911, L.O. Mason REGISTRAR

Contributory (Secondary) \_\_\_\_\_ (Duration) yrs. \_\_\_\_ mos. \_\_\_\_ ds.  
(Signed) L.O. Mason M. D.  
May 15, 1911 (Address) Bevier 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 Bevier Mo. Oakwood DATE OF BURIAL May 17, 1911

UNDERTAKER H.O. DeLong ADDRESS Bevier Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGK should be stated EXACTLY. PHYSICIANS should state cause of death on certificate supplied. AGK should 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 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,



Handwritten notes and numbers in the bottom right corner, including "10-8-1856", "15-5-1911", "5-5-1855", and "1855".

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

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

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County Macon Registration District No. 527 File No. 18319  
 Township \_\_\_\_\_ or \_\_\_\_\_ Village \_\_\_\_\_ Primary Registration District No. 4313 Registered No. 22  
 City Bever (NO. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

FULL NAME Daniel Brewitt

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (If write the word) <u>married</u>
DATE OF BIRTH <u>Oct. 8</u> , 18 <u>55</u> (Month) (Day) (Year)		
AGE <u>55</u> yrs. <u>7</u> mos. <u>7</u> ds.		IF LESS than 1 day, ___ hrs. or ___ min. <u>2</u>
OCCUPATION (a) Trade, profession, or particular kind of work <u>Coal-miner</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>coal mining</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Washington-Derbyshire England</u>		
PARENTS	NAME OF FATHER <u>Daniel Brewitt</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>England</u>	
	MAIDEN NAME OF MOTHER <u>Mrs. Stokes</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>England</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH  
May 15, 1911  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April 1, 1911, to May 15, 1911, that I last saw him alive on " 4 ", 1911, and that death occurred, on the date stated above, at 4:20 p.m.

The CAUSE OF DEATH\* was as follows:  
Tuberculosis of the lungs.

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) L.O. Mason M. D.  
May 15, 1911 (Address) Bever 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 \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Benj. Brewitt  
Bever Mo.  
(ADDRESS)

PLACE OF BURIAL OR REMOVAL <u>Bever Mo. Oakwood</u>	DATE OF BURIAL <u>May 17</u> , 19 <u>11</u>
UNDERTAKER <u>J. O. DeLong</u>	ADDRESS <u>Bever Mo.</u>

Filed July 10, 1911 by L.O. Mason  
REGISTRAR

# Revised United States Standard Certificate of Death

[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.)