PLACE OF DEATH

County Bates

Township Monroe

or

Village

or

City (NO. St.; Ward)

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

Registration District No. 47 File No. 23610

Primary Registration District No. 5071 Registered No. 14

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

FULL NAME Aaron W Rand

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

COLOR OR RACE: White

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH: Aug 10, 1828 (Month) (Day) (Year)

AGE: 82 yrs. 11 mos. 15 ds.

If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work: retired farmer

(b) General nature of industry, business, or establishment in which employed (or employer): 1-02

BIRTHPLACE (City or town, State or foreign country): New York

PARENTS

NAME OF FATHER: Aaron Rand

BIRTHPLACE OF FATHER (City or town, State or foreign country): Mass.

MAIDEN NAME OF MOTHER: Ainsworth

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella V. Hicks

(ADDRESS) Des Moines, Ia.

Filed 7/27, 1911, Dr H. W. Tuttle REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 26, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 4, 1911, to July 26, 1911, that I last saw him alive on July 22, 1911, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Valvular disease heart

92.A

91B

191 (Duration) 3 yrs. 0 mos. 0 ds.

Contributory (SECONDARY) Anemia and Bronchitis

(Duration) yrs. mos. 15 ds.

(Signed) T W Foster M. D.

X, 191 X (Address) X

*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: Des Moines Iowa

DATE OF BURIAL: July 28, 1911

UNDERTAKER: A. H. Culver Furniture Co.

ADDRESS: Butler Mo.

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 c. es, 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, peritonaeum,* etc., *Carcinoma, Sarcoma,* 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.)

HUGH STEPHENS, JEFFERSON CITY.

PLACE OF DEATH

County Bates

Township Mound
or
Village
or
City (NO. St.; Ward)

REGISTRARS SHALL NOT RECEIVE 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. 47 File No.

Primary Registration District No. 5071 Registered No. 16

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

FULL NAME Aaron W. Rand.

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

SEX: male

COLOR OR RACE: white

SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH: Aug. 10, 1828 (Month) (Day) (Year)

AGE: 82 yrs. 11 mos. 15 ds.

If LESS than 1 day, hrs. or min.

OCCUPATION
(a) Trade, profession, or particular kind of work: Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer): —

BIRTHPLACE (City or town, State or foreign country): New York

PARENTS

NAME OF FATHER: Aaron Rand.

BIRTHPLACE OF FATHER (City or town, State or foreign country): Mass.

MAIDEN NAME OF MOTHER: Dont Know X — Ainsworth

BIRTHPLACE OF MOTHER (City or town, State or foreign country): Dont Know.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Ella V. Hicks

(ADDRESS) Des Moines, Ia.

Filed X 7/27, 1911 X Dr H. W. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH: July 26, 1911 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 4, 1911, to July 26, 1911, that I last saw her alive on " 22, 1911, and that death occurred, on the date stated above, at 1:30 a.m.

The CAUSE OF DEATH* was as follows:

Valvular disease heart.

(Duration) 3 yrs. 0 mos. 0 ds.

Contributory (SECONDARY) Anaemia & Overheat

(Duration) yrs. mos. 15 ds.

(Signed) T. W. Fosler M. D.

7/26 X, 1911 X (Address) Butler Mo X

*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: Des Moines Iowa

DATE OF BURIAL: July 28 1911

UNDERTAKER: A. H. Culver Fur. Co.

ADDRESS: Butler Mo.

Original file, date July 26, 1911

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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